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BULLETIN OF THE ALUMNI ASSOCIATION

MAY 14 1969

CHIRONIAN

NEW YORK MEDICAL COLLEGE

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CURRICULUM 1970

VOLUME 84 — NUMBER 4

IN MEMORIAM

Leonard Paul Wershub, M. D.

A tribute to a truly dedicated and devoted man.

It is not easy to put in writing all the thoughts, memories and impressions of "Chubby" Wershub. He did so much for so many people. He encouraged, he promoted enthusiasm, poured oil on troubled waters, worked endlessly to resolve difficult, delicate and sometimes seemingly insurmountable problems. All this in addition to assuming the thankless tasks of Chairman of the Publication Committee, Consulting Editor of the Chironian, President of the Medical Board of Flower and Fifth Avenue Hospitals, Historian and Curator of Medical Memorabilia of our College. All this, and more — the innumerable articles that you and I enjoyed reading in the Chironian — and capped it off with the writing of "One Hundred Years of Medical Progress" (A History of the New York Medical College and Flower and Fifth Avenue Hospitals). All these achievements and all these time-consuming tasks without any recompense. I won't dwell on his other writings and published books on urology, the last of which will be published shortly.

There is little for us who were privileged to know him and most fortunate in being called a friend, that we can say or add to eulogize this good man, other than the great void that has suddenly come into our lives. Would that some of us who remain behind may be able to emulate his character, dedication and unselfish devotion.

To Miriam, his beloved wife, and to their son, Stuart, our heartfelt sympathy. Yours is a loss of a wonderful and devoted husband and father. Ours is the loss of truly great and good man.

"Actis aevum implet, non seignibus annis." — (He filled his lifetime *with deeds*, not with inactive years.)

The Board of Governors wholeheartedly join me in this tribute.

E. Edward Napp, M.D.
President, Alumni Association

The Alumni Association and Mrs. L. P. Wershub, to insure the continuance of Dr. Wershub's efforts as Curator of Medical Memorabilia, have established the Dr. Leonard P. Wershub Memorial Fund. All friends of Dr. Wershub who wish to contribute to the Fund can do so by sending their checks to the attention of The Alumni Association, New York Medical College, made out to New York Medical College, Dr. Leonard P. Wershub Memorial Fund.



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Cover:

Change and innovation are the order of the day at higher learning centers throughout the world. At New York Medical College traditions are being challenged; students want a voice in determining curriculum; the lecture teaching method is being questioned. Voices of action and of reaction are being sounded and listened to at forums and in committees. Our goal is a vital curriculum by the early 1970's. (For a report on the dialogue which is now in progress see Curriculum 1970 – Page 12 of this Bulletin.)



William Harvey

(1578-1657)

by

LEONARD PAUL WERSHUB, M.D.

(This is the last article in this series which Dr. Wershub completed just prior to his death.)

INTRODUCTION

When the New York Medical College first opened its doors in 1860, the discovery of the circulation by Harvey, was an established fact of almost 200 years. Yet medical students, and for that matter practicing physicians were still poorly equipped to judge and evaluate the human circulation. In addition to his remarkable evaluation of the blood stream, Harvey established basic techniques of investigation and research, which greatly influenced subsequent medical investigations.

The significance and importance of blood with life itself has been known for centuries and undoubtedly is one of the first primitive medical concepts of man. It thus should not surprise the student of history to read of Pliny and Celsus telling of the patricians rushing from their seats in the Coliseum, to the Arena to drink the freshly flowing blood of dying gladiators.

Although the significance of the pulse was accepted as an important clinical sign and aid in diagnosis little was known concerning the movement of the blood. For years and years Galen's theory was acknowledged as the basic and true explanation of the movement of the blood. Galen had taught that the ingested food is elaborated in the liver to become blood, and then the blood permeates the body, conveyed by the vessels in a mysterious to and fro movement, that part of the blood flows into the right side of the heart, then passing through pores, in the septum into the left side of the heart and pursuing its way through the organism. Galen also taught that the blood in the liver, the heart and the brain is tinctured with "Spiritus" which controls the vital functions. He also taught, that blood flowed from the heart into the lungs, discharging there the residues of the organism, whereas air made its way from the lungs into the heart, keeping the blood sufficiently cool and supplying it with *pneuma*.

It was a logical and impressive explanation but soon collapsed with continued anatomical studies and dissections of humans rather than animals. Under no circumstances had the so called pores in the septum of the heart been demonstrated. This problem of the movement of the blood stimulated Harvey to undergo in a scientific and logical method a means of establishing answers to the many moot questions about the heart and the circulation of the blood.

"Harvey was born into a world of ferment", writes Kilgour, "Intellectual, religious, social, economic and political. Indeed, the year 1588, when young Harvey went off to King's school, Canterbury, was the year when the *Invincible Armada* of 132 vessels and over 3,000 cannons attempted its ill-fated invasion of England; Drake struck his most damaging blows in an attack that began off Calais, across the Strait from Folkestone". He (Harvey) remained at Canterbury until he was about fifteen years of age and a year later was sent to Caius-Gonvil College, (This college is now known as Gonville and Caius, or for short, simply as Caius. John Caius, at one time a student at Padua and a pupil of Vesalius, had on his return to Cambridge re-organized Gonville College, and hence the change in name.) where he spent from three to four years in the study of classics, dialectics, and physics, "such discipline being held peculiarly calculated to fit the mind of

the future physician for entering on the study of the difficult science of medicine."

In 1600 Harvey left England to go to Padua to study medicine. There were many reasons for his departure from his native country. A study of medical Oxford and Cambridge reveal many good reasons for his furthering his medical education at Padua. English history after the close of the Middle Ages presents a panorama of action not unlike one of Shakespeare's dramas. Under Henry VIII (1509-1547) the English Church finally broke away from the Papacy. His daughter, Elizabeth, was able to shatter the world empire of Spain and to lay the foundations of an English Empire by beginning to acquire colonies. The 17th Century was characterized by the struggle between the Stuart dynasty on the one hand, and Parliament and the rising middle class on the other. Two revolutions marked this century-long struggle. The first cost Charles I his head (1649), and produced the dictatorship of Cromwell, which was soon followed by the restoration of the Stuarts; after the second, called the 'Glorious Revolution', James II had to abdicate in favor of William of Orange (1688), thus ending the role of the Stuarts of England. From this time on the power of the English king was greatly restricted by the power of Parliament and the will of the English people.

But how did such political events affect higher center of learning? The Universities of Oxford and Cambridge were involved in all these events and were influenced by them. Sometime the involvement was favorable and at other times disadvantageously. Finally during the Renaissance and Reformation they assumed their proper role as centers of education such as they are to-day.

In 1549, Edward VI appointed a commission consisting of nine members sent to Oxford with full power to abolish offices and foundations, "to inflict punishments, and to adopt coercive measures." They could change the purposes of foundations, combine colleges as they saw fit, and abrogate ordinances and statutes as they pleased. The commissioners were explicitly authorized to organize a new college for the study of medicine. Nevertheless, they made but little use of their powers. However, the new regulations which they brought with them from London indicate a number of facts regarding the course of study at that period. To obtain his baccalaureate a medical student had to study six years, attend two dissections, participate in two disputations, and pass an examination. In order to receive a license to practice he was required to have performed at least three cures. For the acquisition of the doctorate two further disputations, two examinations, and attendance at two dissections were necessary.

A word about the curriculum. Theoretical instruction was still based upon the writings of Hippocrates and Galen. Many if not most doctors of the time obtained their training elsewhere. During the first 42 years of the 16th century the degrees of Bachelor of Medicine and Doctor of Medicine are supposed to have been conferred only once each year at Cambridge.

Of great interest is that even the Statuta Nova ordered by Queen Elizabeth in 1564-65 was likewise unable to elevate the level of medical education. These rules were essentially the same as the regulations of Edward VI, with the one exception that it was now possible to study medicine without having acquired a Master of Arts degree. If such qualification was not available, the course of study was increased by three years.

The depths to which medical teaching and knowledge at the universities had deteriorated as a result of the political disorders is confirmed by the opinion of Giordano Bruno who visited Oxford in 1581. According to Kury and Haig, "he found the graduates ignorant and pedantic, the students much too interested in beer drinking, and the Oxonians in general arrogant enough to make even a Job lose his patience". The atmosphere had indeed changed since the time of Erasmus.

So Harvey proceeded to Padua to study medicine, and he could not have chosen a better school. Padua was the foremost scientific school of the sixteenth century. After spending five years at Padua, Harvey, then twenty-four years of age (1602) obtained his diploma as doctor of physic, with license to practice and to teach arts and medicine in every land and seat of learning. In the same year he returned to England and after submitting to the requisite forms, he received his doctor's degree from Cambridge.

Kilgour writes, "Whether or not Harvey had any notion of the circulation of the blood when he left Padua, is not known. In any event, he proceeded to practice medicine in London and the Royal College of Physicians elected him as a candidate in 1604, also the year of his marriage. Three years later the College elected him a Fellow. St. Bartolomew's Hospital appointed him physician of the Hospital in 1609. The College of Physicians honored him in 1615 by appointing him Lumleian Lecturer. The appointment was for life, and Harvey was to give a series of anatomic and surgical lectures over a period of six years. Having completed the first series, he would then start on the second six year cycle".

It was of great significance for the medical school of Oxford that Harvey taught anatomy there. Harvey's most versatile student was Thomas Willis (1621-1675), who graduated from Oxford and became Professor of Natural Science in 1660. Willis was one of the most

outstanding physicians of the 17th Century and was noted for many anatomical contributions. Willis' book on the brain *Cerebri anatome* (1664) was illustrated by Christopher Wren (1632-1723), also an Oxonian and famous as the architect of St. Paul's Cathedral in London.

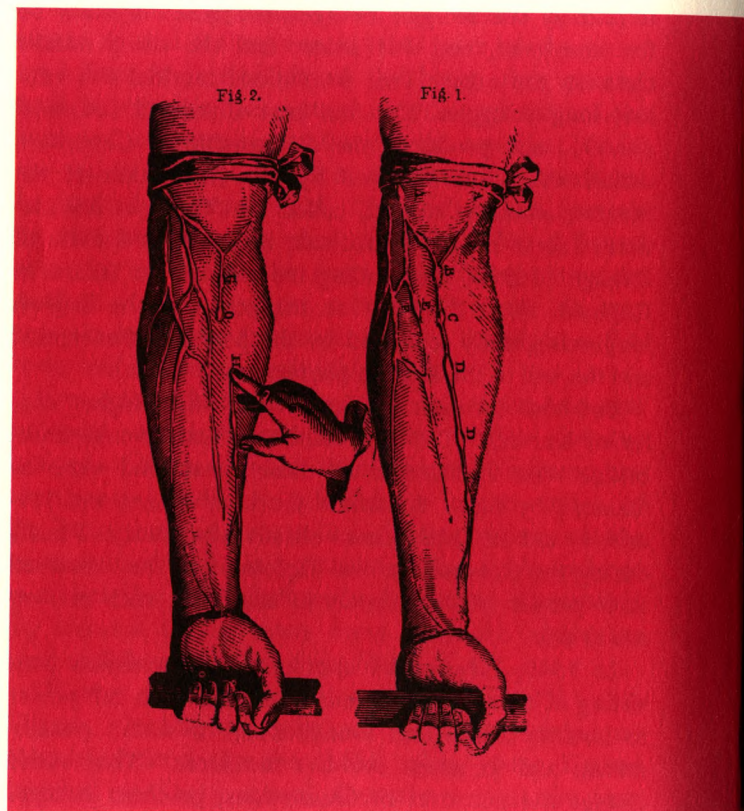
Harvey's lecture notes of the 1616 series are still extant and contain the earliest record of Harvey's work on the circulation of the blood. However, it was not until 1628 that he gave his views to the world at large in his celebrated treatise on the "Motion of the Heart and Blood" (*Exercitatio Anatomica de Motu Cordis et Sanguinis*).* Harvey was fifty years of age at this time.

It is said of him, "as a physician, Harvey must now have been at the zenith of his reputation: he was a physician in ordinary to the king, and we have seen him in the same position to some of the foremost men of the age. His general practice, too, must have been extensive, and, if we look at the sum he is stated to have left behind him in money, his emoluments were large. But he had not any lengthened harvest for all his early pains; his connection with the court by and by came in the way of his continuing to improve his position; and then, grievous to relate, the appearance of the admirable "Exercises on the Heart and Blood" gave a decided and severe check to his professional prosperity." This all because of civil war precipitated by Charles I, who had succeeded James I, in 1625. Harvey who had been appointed by Charles I as Physician in Ordinary in 1635, was extremely loyal to Charles I and spent the four years in Oxford, the royal headquarters. During his absence Harvey's house in London was plundered, his goods and papers being destroyed.

Harvey returned to London and lived with his brothers. In 1654 he was asked to be President of the Royal College of Physicians. He declined because of ill health and advanced age. Three years later on June 3, 1657 he died, after failure of that circulatory system which he had been the first to describe approximately thirty years earlier.

The most extensive record extant of Harvey, written by one who knew him is John Aubrey's "Brief Biography." Despite the fact that Aubrey did not become acquainted with Harvey until 1651, and did not write

the "Brief Biography" until more than twenty years, after Harvey's death, the writing has many virtues. His most recent editor, Oliver Lawson Dick, in reply to the accusations of Aubrey's unreliability, says, "he was sometimes inaccurate, it is true but he was never untruthful and the distinction is a most important one." Aubrey describes Harvey as follows: "He was not tall, but of the lowest stature, round faced, alibaster complexion; little Eie, round very black, full of spirit, his haire was as black as a Raven, but quite white 20 years before he dyed. He was very Cholerique; and in his young days wore a dagger (as the fashion then was) but this Dr. would be too apt to draw out his dagger upon every slight occasion".



Harvey published three major works of which the first, the "*De Motu Cordis*" of 1628 is the most important. In 1649, he published his second work, the "*De Circulatione Sanguinis*", consisting of two letters to Jean Riolan, which is now accepted as a supplement to the "*Motu Cordis*". The third work appeared in four separate editions in 1651. Fifty-five different editions and translations of the first three titles of which forty-one are of the "*De Motu Cordis*" are truly symbolic of the greatness of the author and his contribution to the scientific world.*

*This is one of the most important books in the history of medicine. Harvey proved experimentally that in animals the blood is impelled in a circle by the beat of the heart passing from arteries to veins through pores (i.e. the capillaries, seen by Malpighi with the microscope in 1660). Garrison considers that the importance of Harvey's work lies not so much in the discovery of the circulation as in its quantitative or mathematical demonstration. The book was printed in Frankfurt because of the famous book fair held there and the consequent regular publicity the book would receive. The book was reprinted in facsimile in 1928. (Monumenta Medica, Vol 5, Florence).

*Exercitationes de generatione animalium is considered as one of the most important books on the subject to appear during

Kilgour describes the "De Generatione Animalium" as the largest of Harvey's published writings and points out that in Robert Willis' one volume English translation "The Works of William Harvey, M.D." it occupies 444 pages while the "De Motu Cordis" has only 86 pages. Yet as recent as 1916, Sir Thomas Barlow in the Harveian oration, states, "I do not think (De Generatione) has received adequate appreciation from my distinguished predecessors and Geoffrey Keynes in 1928 was of the same opinion. Meyer in his analysis of the "De Generatione Animalium" writes, "Since the De Generatione has several times been acclaimed as of equal merit with the De Motu Cordis and has also been regarded as 'one of the masterpieces of English



The above plate appeared in Willis' book on Harvey. Harvey used these illustrations as supportive evidence of the existence of valves in the veins. Fig. 2 shows "knots or risings" which Harvey indicated were the valves. He also demonstrated that the valves affected the directional flow of the blood.

the seventeenth century. Harvey was among the first to disbelieve the erroneous doctrine of the "preformation" of the foetus; he maintained that the organism derives from the ovum by the gradual building up aggregation of its parts. The chapter on midwifery in this book is the first work on that subject to be written by an Englishman. This book demonstrates Harvey's intimate knowledge of the existing literature on the subject. He corrected many of the errors of Fabricius.

medicine' this neglect of it seems very strange indeed. It is now 284 years since its publication, and 274 years since the first Harveian Oration was given. There have been 144 Orations in London alone, (all these figures are up to 1936, the year Meyer published his manuscript) but in none was it given the attention it deserves. Indeed, even a well-known and internationally honored anatomist, a member of the College, who wrote and published a special appreciation of William Harvey as an anatomist at the time of the tercentary of the appearance of the *De Motu Cordis*, referred neither to the *De Generatione* nor to the *Prelectiones*."

Kilgour writes, "Harvey's published writings, are, however, but a segment of his total literary output, for there is reason to believe that perhaps as many as eighteen further treatises existed in manuscript in the seventeenth century". Today only two are known to be extant; both are volumes of notes, and both are in the British Museum. One, "*Prelectiones Anatomiae Universalis*" which is his Lumleian lecture notes of 1616, was published in 1886, but the other on muscle anatomy and the local motion of animals remained unpublished until the second part of it appeared in 1959.

"The appearance of Harvey's book on the "Motion of the Heart and Blood", writes Willis, "seemed almost immediately to have attracted the attention of all the better intellects among the medical men of Europe. The subject was not one, indeed, greatly calculated to interest the mass of mere practitioners; had it been a book of receipts it would have had a better chance with them; but the anatomists and physiologists and scientific physician would seem at once to have taken it up and canvassed its merits. The conclusion came to in the work, there can be no question, took the medical world by surprise; it was not prepared for such a proposition as a ceaseless circular movement of the blood, with the heart for the propelling organ; for the latter point, be it understood, was even as great a novelty as the former . . . Coming unexpectedly, and differing so widely from the ancient and accepted notions, we cannot wonder that Harvey's views were at first rejected almost universally. The older intellects, in possession of the seat and places of authority, regarded them as idle dreams; and upon the faith of this conclusion their author was set down and treated by the vulgar as a crack brained innovator".

Willis* who writes impartially about the critics and

*I have been fortunate in my resource material to have available from the Rare Book Room of the Library of the New York Medical College, an original, "The Works of William Harvey, M.D." translated from the Latin with a Life of the Author by Robert Willis: Although there is a complete reprint of this fascinating text (1965, Johnson Reprint Corporation) it somehow feels good to work with the old tome, although one must be careful in turning the pages.

hostile reception of Harvey's revelations states: "They who deny the originality of Harvey's induction, very commonly confound the idea of a motion of the blood, with the idea of a continuous Motion in a Circle. It would seem that even for remote antiquity, and by common consent, mankind had recognized the blood to be in motion. We have this fact declared to us by all antiquity, and it is even particularly referred to in various passages of the grand observer of his age, the depository of the popular science of all preceding ages — Shakespeare. Brutus speaks thus to Portia:

*"You are my true and honourable wife;
As dear to me as are the ruddy drops
That visit my sad heart,"*

Language not more touching and beautiful than physiologically correct. And again with more involution and ellipsis, yet with a meaning that is unmistakable, Warwick, by the bed-side of the murdered Gloster, proceeds, —

*"See how the blood is settled in his face!
—Oft have I seen a timely-parted ghost,
Of a shy semblance, meagre, pale and bloodless,
—Being all descended to the labouring heart,
Who in the conflict that he holds with death,
Attracts the same for aidance against the enemy;
Which with the heart there cools, and ne'er
returneth*

*To blush and beautify the cheek again—
—But see, his face is black and full of blood, etc."*

Such passages were actually used as proof that Shakespeare was familiar with the circulation. Indeed some claim he acquired this knowledge from Harvey, since both were contemporaries. It is possible that they were acquainted but there is no proof that they were friends. Shakespeare died in 1616, the year Harvey began to lecture at the College of Physicians.

Many are of the opinion that the proof of the circulation though published in 1628, had been formulated more than a decade before. Further all are agreed that the two great scientific ideas which occupied Harvey's attention during most of his life were those of the circulation of the blood and of generation or reproduction. With regard to the latter idea, his interest in generation undoubtedly extended throughout his long scientific career of over fifty years, "And his treatise hence was not the child of a moment or of odd moments". Harvey was seventy-three years of age when *De Generatione* appeared and up to the time of his death mental faculties were vigorous and unimpaired.

To distinguish or separate either *De Motu Cordis* which was published in 1628, from the *De Generatione Animalium* which appeared in four separate editions in 1651, is unimportant, for Harvey spent his life in the

preparation of both. For example as emphasized by Meyer, "Harvey was greatly impressed with the power of pulsation in the blood itself is established not only by his repeated references to it in the *De Motu Cordis* but by equally frequent references to the same idea in the *De Generatione*. The same thing applies to his idea of nature. Toward the end of the *De Motu Cordis* he wrote: 'Thus nature, ever perfect and divine, doing nothing in vain, has neither given a heart where it was not required, nor produced it before its office had become necessary; but by the same stages in the development of every animal, passing thru the constitutions of all, as I may say (ovum, worm, foetus), it requires perfection in each. These points will be found elsewhere confirmed by numerous observations on the formulation of the foetus'. The last sentence is particularly significant, for it shows plainly that Harvey actually had conducted embryological investigations before the completion of the *De Motu Cordis*".

Since the *De Motu Cordis* was formulated long before its publication in 1628, the embryological themes contained within it are convincing proof that Harvey had given great attention to reproduction and development to interest him even in his late years. In fact many believe that Harvey gave his best thought and effort to embryology. Since his ultimate contribution to embryology was of such greater magnitude i.e. in volume, it has been somewhat neglected, probably because of his revolutionary announcement concerning the circulation of the blood in his earliest publication.

Herringham, in the 1929 Harveian Lecture wrote, "To understand the England of Harvey we must imagine a society to which science was unknown . . . the few sciences that existed were little removed from magic, and the majority, including all the biological sciences from botany to sociology, did not exist at all. Alone in the great mind of Bacon had the real meaning of science been grasped, and the immensity of its future conceived. Men still ascribed the action of the brain and liver to spirits . . . The other sciences in Harvey's time were as little advanced as medicine. Chemistry was first studied seriously by Robert Boyle at the end of Harvey's life; physics had produced in 1600 the book of Gilbert, President of the College that year. Napier had in 1614 invented logarithms. But the science which advanced more rapidly in Harvey's life was astronomy. Galileo was lecturing in Padua, when he (Harvey) was there, Kepler died in 1630, and in 1637 a poor Lancashire clergyman named Horrocks with borrowed lenses observed for the first time the transit of Venus."

"But in the first half of the seventeenth century the interest of most men" Herringham continued, "was turned not to literature, nor to painting, nor to science,

but to two subjects, which of all others are the most inimical to the cultivation of science or of art, politics and religion . . . The great vice of the age was its intolerance, and the religious mania, for we can call it nothing else, which overran England between 1560 and 1660 like an epidemic, did not even, like bodily epidemics, leave a population behind it immune to its particular poison. Never was religious hatred more bitter than after the Restoration, and in its graver forms it persisted for over a century and a half, Catholic emancipation was not carried until 1829, Oxford and Cambridge were not thrown open till 1871, and Mutual respect and good will between the Free and Established Churches is a growth of the last 30 or 40 years”.

An even better or more vivid picture of England during Harvey's life span is given in the Harveian Oration of 1880 by Ogle, who declared that: “At the time of Harvey, though English life was so agitated, though political animosities and feelings were so barbarous and savagely intemperate that after the death of Charles I the army surgeons were bidden to search his disembowelled body for signs of French disease or impotency (the hair of the king was sold after his death, partly as a means of cure for king's evil) — though London was not even lighted by lamps and lanterns, much less by gas — though there was no standing army, no turnpike Acts, and but little appliances for locomotion, members of Parliament coming up to London in bodies, and attended by guides and attendants — when no sanitary measures or police existed — when the Royal society was as yet unborn — when coffeehouses supplied the place of newspapers — when storms at sea could be referred to witchcraft, as was the case when Harvey was, with his friends, detained on the sea in a storm, for the cause of which several women were brought up to London for trial as witches — when the inhabitants of all England were only about five million two hundred thousand — when Harvey could define London, as he did in his description of the post mortem examination of Dr. Parr, as a city, ‘especially destitute of light, cool and mobile air, the grand cherisher of life, and one whose grand characteristic is an immense concourse of men and animals — where ditches abound, and filth and offal lie scattered about, to say nothing of the smoke engendered by the general use of sulphurous coal as fuel’, — still true scientific method prevailed”. Here I presume the essayist was referring to the scientific methods described by Harvey. In this respect it is of interest to note that it has often been alleged that Harvey was put into jeopardy because of his scientific views, hostility toward him was purely political, and there is little or no evidence of opposition to Harvey's discovery of the circulation of the blood.

All who have participated as orators in the Harveian Lectures have all held that William Harvey's chief claim to fame lies in his methods of investigation. However it must be noted that he did not discover observation and experiment, and in no way was he the first to inaugurate scientific methods. Just as all investigators, and as in the study of *De Generatione* and in *De Motu Cordis* he did not come to the necessary truth, thus despite the same method of approach and investigation. This was confirmed by the unequivocal fact that *De Motu Cordis* was revolutionary in its revelations whereas *De Generatione* was a serious error great in purpose but lacking in accomplishment, and the *De Motu Cordis* was both great in purpose and in accomplishment.

Prinzmetal in writing about Harvey tells of many things universally known about Harvey but states, “what may not be so widely known is that he (Harvey) also emphasized the effect of the mind upon the body. In his *De Motu Cordis*, he made an observation which was not fully comprehended at the time but which should be carefully evaluated now: ‘Every affection of the mind that is attended with either pain or pleasure, hope or fear, is the cause of an agitation whose influence extends to the heart . . . and hence, by the way, it may perchance be wherefore grief, and love, and envy, and anxiety, and all affection of the mind of a similar kind are accompanied with emaciation and decay, or with cacochemy and crudity, which engender all manner of disease and consume the body of man’.”

Prinzmetal continues, “later in 1649, Harvey wrote about the single influence of the affection of the mind . . . what indeed is more serving of attention, than the fact that in almost every affection, appetite, hope, or fear, our body suffers, the countenance changes, and the blood appears to course hither and thither. In anger the eyes are fiery and the pupils contracted; in modesty the cheeks are suffered with blushes; in fear, and under a sense of infamy and of shame, the face is pale, but the ears burn as if for the evil they heard or were to hear; in lust how quickly is the member distended and erected’.”

All agree that the triumph of William Harvey was to start the break of the modern spirit with the old tradition. Sir William Osler in a Harveian Oration writes: “No longer were men to rest content with careful observations and with accurate descriptions; no longer were men to be content with finely-spun theories and dreams, which ‘serve as a common subterfuge of ignorance’; but here for the first time a great physiological problem was approached from the experimental side by a man with a modern scientific mind who could weigh evidence and not go beyond it, and who had the sense to let the

(continued on page 34)

ALUMNI MAIL BOX

Alumni Mailbox is a forum for the discussion of issues which are of singular interest to the readers of the Chironian. All correspondence is welcome.

Letters may be selected to avoid lengthy dissertations and duplication in order to meet the limitations of space.

Photographs will be returned if requested but are sent at the owner's risk.

To The Editors
N. Y. M. C. Chironian
Sirs:

It is true that the class of 1952 is often absent in your class notes department. I was so pleased to see a long note about the promotion of Dr. Uhrig to rank of Colonel. Unhappily Dr. Uhrig was not, to my memory in our class. Therefore, unless I'm subject to pre-senile dementia, the Colonel was lent to our class by the editors. In any event I think Dr. Uhrig might be happier with his classmates and we will accept our honest plank.

Cordially,
Victor Goldin '52

P. S. The Chironian seems more attractive with each issue.

Dr. Uhrig is a member of the class of 1951.

* * *

Dr. Sylvester Carter
303 West 66 Street
New York, New York
Dear Dr. Carter:

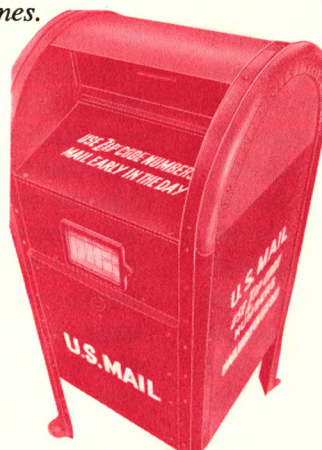
You and I have visited about Flower Fifth Avenue and the transfer to Westchester County. I don't think I told you that Flower got its name from Governor Roswell P. Flower who came originally from Watertown and nearby Theresa. We have here a monument by Saint Gaudens honoring him. He made his money by being one of the original owners of the IRT, and he distributed his fortune fairly philanthropically for a man of that day.

Could you ask someone in the appropriate administrative structure of New York Medical College to see what information can be gotten out of the old records, describing in detail Flower's role with respect to the Flower Fifth Avenue hospital and then ask that this material be sent up to me here?

My best wishes to you for a Happy New Year.

Sincerely yours,
John B. Johnson

Dr. Carter is Director of the hand clinic at N.Y.M.C. John B. Johnson is editor of the Watertown Daily Times.



My dear Dr. Wershub:

Thank you for having six copies of CHIRONIAN Vol. 84, No. 3 sent me. The parcel arrived as a delightful event of the Season of Goodwill.

I have given one copy to William H. Honan; I took two copies to officials at Grasslands who expressed great interest and I shall send one to Park Honan in England.

I would congratulate you upon this very fine Quarterly. I am impressed by the excellence of its format and challenging contents. "The New Yorker

and His Physician in the 19th Century" is a particularly well written and interesting historical survey.

I am enthusiastic about the development of the Westchester Medical Center at Grasslands and especially the heart and soul of the project as the new location of the New York Medical College.

Please accept my appreciation for your kind thought in sending me the CHIRONIAN and know that the New York Medical College and yourself personally have my best wishes in the New Year.

Sincerely,
Annette N. Honan
(Mrs. William Francis Honan)
William Francis Honan, M.D. was Professor of Surgery for many years.

* * *

2111 Genesee Street
Utica, New York 13501

Dear Sirs:

Having received the "Chironian" today, I think you should know that my husband, Dr. Harold L. Pender died December 8th. He had a long illness, cancer of the liver but had no pain — just lots of distress.

He practiced here for 50 years as a surgeon. His son, Dr. Robert B. Pender is carrying on his father's work.

Doctor graduated from N. Y. Medical College in 1914.

He went back for his 25th reunion but not his 50th as most of his class had died.

Sincerely,
Marguerite B. Pender
(Mrs. Harold L.)



Report From the College President



The last book of Leonard Paul Wershub was a history of urology, and he did me the honor of requesting that I write the introduction to it. Just as the final draft was being proofread, the telephone rang. Chubby Wershub had died unexpectedly. Sadly, the now-leaden words were mailed off to his publisher, who responded, after the first shock, with a request for a photograph of Dr. Wershub for his portrait gallery of eminent American men of medicine.

The passing of Leonard Wershub left a gap for each of us personally, and in the life of our college. It also set off a train of thought. Forty-four years is a long time for a person to be associated with one institution. What changes had Leonard Wershub seen since he enrolled as a student in 1924? Had those four and a half decades brought as great a transformation in medical education as we are sure to see in the next five years?

These questions came to mind just a couple of days after his death when our Curriculum Committee conducted a Faculty Retreat to discuss the following proposal:

"We recommend that the medical school undertake a thorough revision of the curriculum to be instituted immediately and to take effect not later than September, 1970. This revision will be designed by the Curriculum Committee in consultation with all levels of the Faculty as well as the student body, and will be based on the following principles:

1. Break down the barriers between pre-clinical and clinical teaching. (Pre-clinical and clinical teaching in all years.)
2. Substantial elective time throughout the curriculum.
3. Emphasis on inter-disciplinary teaching.

4. Encourage initiative and independent thinking by students.
5. Greater emphasis on the family, sociological and community aspects of patient care.
6. Serious concern with the quality and effectiveness of teaching methods."

The committee includes students as well as a broad representation of the faculty. It spelled out in some detail its proposals for change, and was rewarded with a vigorous discussion by the faculty members who filled the College auditorium.

Perhaps the warmest debate was aroused by the committee's statement that, in response to widespread student complaints, "we must act to reduce the teaching load on the student, enable him to learn more effectively, and provide good teaching over an adequate range of clinical subjects." Among specific suggestions was the initiation of small-group teaching for at least one hour a week in every department.

"That's a wonderful goal," said one professor, "but we would have to double the faculty if we went over to the tutorial method."

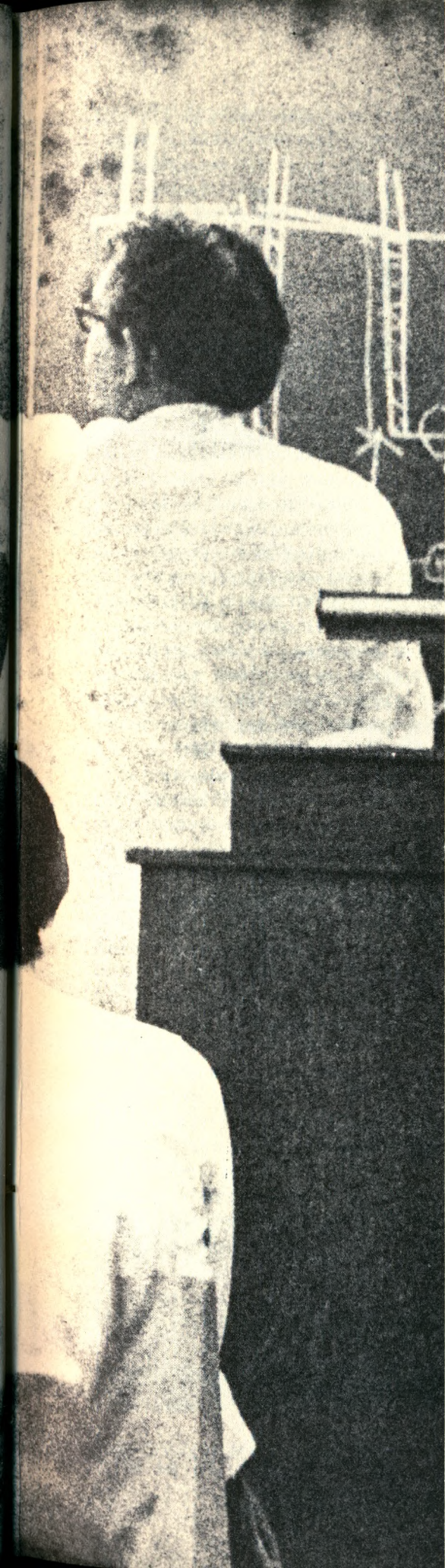
Dr. Israeli A. Jaffe, chairman of the committee, did not attempt to refute this. The group, he said, had decided to work out the best program it could conceive, without immediate concern for the means available to carry it out. To do otherwise, he contended, would have involved starting out with a compromise. After the program has won agreement, he added, will come the time to consider how rapidly it can be put into effect.

And this brings me, as President of New York Medical College, to a point that must be made. It is the job of the faculty, under the leadership of Dean J. Frederick Eagle, to determine our academic needs and goals. It is then the job of the Trustees and the College administration—including myself and Dean Eagle—to find the means to meet those goals.

Obviously, the search for those means must reach out to the whole College family, including the alumni. From the small taste I have given you of the discussion at the Retreat, it is evident that the faculty will soon be saying: "Here is a road to excellence for New York Medical College. Give us the fuel to travel along it."

I do not see how any of us will be able to respond negatively to that appeal. For the College already is in movement, and we want our new momentum to carry us to a proud height by the time we reach Westchester. I need hardly tell you that medical education is an increasingly expensive activity. It is going to cost at least \$6,000,000 beyond our normal income to do the job over the next five year. So, when your officers and I ask you to give until it hurts, you will understand that if you don't hurt, your College will.





CURRI- CULUM —1970

The following is excerpted from the preamble to the Faculty Retreat on Curriculum which took place January 17, 1969.

"In large part our present discontent with the state of medical education arises from a belated recognition that medical education should be planned as a whole and not left to the whim of individual departments. Concurrently there has arisen a strong feeling that the time has come for a revaluation of the role and importance of certain topics in the orthodox curriculum. The expansion of knowledge in such topics as genetics, molecular biology and enzyme biochemistry has led to a demand for inclusion of new fields of study in the curriculum. Simultaneously, there has been a movement to reduce the emphasis on other topics which, hitherto, held a dominant position in the curriculum. For some, anatomy has become the main target in this direction. There has also arisen a strong feeling that we should reduce the artificial division that, in recent years, has grown between the preclinical and clinical periods of the course. Rather these years should merge one with another. Teaching in the earlier years should include appropriate references to and clinical demonstrations of the more obvious applications of the basic science studies, and teachers of the basic sciences should participate in the clinical teaching."

(continued on page 16)

One of the alumni with whom President Denker chatted at the Boston reunion in October (see page 22) was David H. Spodick, Class of 1950, who is now assistant professor of medicine at the Tufts University School of Medicine, and director of the Cardiology Division at Lemuel Shattuck Hospital in Boston. Dr. Spodick expressed himself frankly to Dr. Denker, who asked him to expand on his statements in a letter. Feeling that this was a viewpoint that deserved to be aired publicly, the President obtained Dr. Spodick's permission to offer the letter to the Chironian for publication, along with his reply. Dr. Spodick in giving his consent, remarked:

"The information you sent me and your approach, both at our meeting here and in response to this *cri de coeur* of mine, leave little doubt that, whatever the past situation, the school is about to shine. Good luck and godspeed."

CURRICULUM —1970



Dear Dr. Denker:

It was a pleasure to meet you last night and to hear your presentation of what must be a breathtaking step upward for the school.

I did not wish to raise questions which have bothered me because they would have injected a negative note which would have been entirely inappropriate to the purpose of your visit. Since my student days I have been rather alienated insofar as the school is concerned as a direct result of my experiences as a student undertaking a learning process. Indeed, I only attended last night's affair after several telephone calls from Mrs. Newman. (*Sponsor of the Alumni Dinner Dance of the Massachusetts Alumni Group held Oct. 27, '68. See article in this issue.*)

The curriculum as I recall it (1946-50) was a set-piece, rigidly organized and unimaginatively doled out succession of lectures and laboratories often presented by individuals who had neither the background nor the wit to kindle enthusiasm in those of us on the receiving end. There was constant badgering by examinations every Monday in the first year plus surprise tests, mid-years and finals and later the farce of cramming us for National Board performance in the second and fourth years. Anatomy was pushed to the *n*th degree (here at least there was competence, if not flair), there was nobody of stature in Physiology, and only Biochemistry had someone of Israel Kleiner's level. Apart from a too-small exposure to Dr. Lehr, Pharmacology was very poor and the selection of Cushman's text could not be condoned even in those days. The succession of piecemeal "subspecialty" lecture courses taught us to be book-obstetricians, -pediatricians, -ophthalmologists, -otolaryngologists and what have you. Public Health was unmentionable. Many third- and fourth-year clinics and hospitals were hopelessly unorganized and colorless. Of course I could go on and on.

When I came to Boston (Beth Israel Hospital) I was immediately in the Harvard and Tufts milieu. This

was 1951 and since then I have been on each of these faculties and now with both Tufts and B.U. The differences, not only in the quality of Faculty but in the relationship of Faculty and hospital senior personnel to house officers and medical students, were light years different from what I have known in New York, though I had left there the year before coming here. Today I have the privilege to participate in policy making at Tufts as well as teaching second, third, and fourth-year students and postgraduates. The student is respected, whatever his station, and we include student representation on the Curriculum Committee.

After this lengthy preamble, my question to you is what is the status of educational policy? Are the 360-odd full-timers really full time and how do they function as teachers (I presume many are paid at least in part from research funds)? Bricks and mortar are indispensable to enclose activities, but my view of the school will depend on what is going on. Formerly it would seem that the students were a means to an end for a tight "in-group" of old guard who were most unimpressive and who (for me) certainly vitiated any grain of truth in discourses which told us we were "privileged" to be students—the implication (in that milieu) being that we should have been grateful for whatever we got. That Faculty ran a rather medieval apprentice-journeyman-master type of trade school. What is your Faculty like?

Please forgive me if this sounds rather petulant. Perhaps I feel some guilt about non-support for my school. Perhaps I saw things through a distorting lens (after all, it is all personal opinion). I have known few N.Y. M.C. graduates in my postgraduate career, so that the opportunity to adjust my views has not presented itself. I can only wish you the very best in your magnificent efforts.

Sincerely yours,

David H. Spodick, M.D.

Dear Dr. Spodick:

Permit me to thank you for your frank letter of October 28.

It would not be sensible for me to comment on the College as it was in 1946-50, as I did not assume the presidency until last year. If you left New York Medical College with the impressions that you describe, your attitude is understandable. But we can neither relive nor remake the past, and what is important now is what the College is and what it will become. I hope to convince you that your medical alma mater is worthy of your support today, and that it will merit increasing pride as the years just ahead unfold.

First, let me bring you up to date on recent events. On November 5 the voters of Westchester County gave their approval, by the astonishing margin of four and a half to one, to a \$28,000,000 bond issue for the construction of a top-rank teaching hospital for the new medical center. With \$22,000,000 in governmental aid, this will permit the construction of a splendid \$50,000,000 university-grade 600-bed institution. Inter-connected with the hospital will be the \$50,000,000 teaching and research complex that we will erect. A citizens' Development Committee has pledged itself, in addition, to raise a \$40,000,000 endowment fund for us. Thus we are well in motion toward our goal of opening our doors in Westchester in 1972 or 1973.

To reinforce our interconnection with Westchester, Mr. Charles G. Mortimer, chairman of the Development Committee, and three other members of the committee were elected to our Board of Trustees on December 17. Mr. Mortimer, you may be aware, is the former chairman of General Foods Corporation and is still chairman of its executive committee.

I think that these developments are highly important, but I can also agree with you that, to the extent that they deal with bricks and mortar, they deal only with the shell of a medical college. Nor will I quarrel with you about what should be inside that shell. In fact, your views on that point coincide with mine. I am totally committed to the development of a college of the kind that you describe, and I can say confidently that the others in our present leadership agree with me.

In my year and a half as president, we already have taken a number of forward steps. The documents that

I attach cover three of these. One is the charter of a faculty organization that insures the participation of the whole senior faculty in policy-making. A second is a statement of tenure policy that is designed to strengthen our bonds with our proved teachers and researchers. A third controls private practice by the full-time faculty, who now number 440 (this figure is large because of our obligation to provide service at Metropolitan and Coler Hospitals); it speaks for itself. While we do pay part of our faculty salaries from research funds, as do other teaching colleges, it is broadly true that our researchers have teaching duties as well.

Another concrete change in the last year has been the appointment of new first-rate men as chairmen of anesthesiology, microbiology, pathology, and radiology.

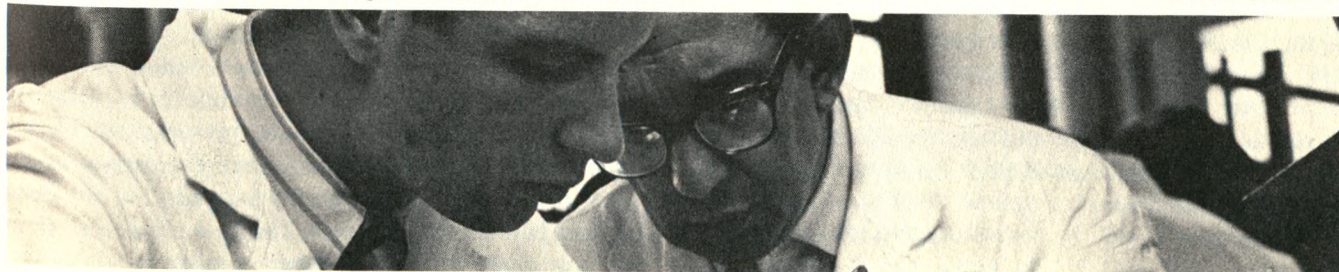
You will also be interested to know that we are involving students in our curriculum planning. Last June we held a three-day retreat at Buck Hill Falls, Pennsylvania, to give direction to our thinking about our educational philosophy and practices. Representatives of the trustees and administration joined with our faculty in these discussions, and we had students present as well. There are now students on our Curriculum Committee.

The next stage is to pin down a formal educational program for the College, bringing together the product of all the discussions that have been aimed at putting the College in step with the trends and needs of medicine today. A committee headed by Dr. Rachmiel Levine. Chairman of the Department of Medicine, is assuming this task.

In summary, I believe I can say that a base has been established for making New York Medical College what both of us would like it to be. Our new Annual Report will shortly be off the press, and a copy will be mailed to you. A careful reading of it will, I trust, convince you that we are already in movement toward that goal.

Finally, I have a request to make of you. Your letter was an honest one and pulled no punches. Other eyes than mine should see it. May I have your permission to offer it to the editors of the Chironian for publication?

Cordially yours,
David Denker



EDITOR'S COMMENT

Dear Dr. Spodick,

Since you agreed to have your letter as well as Dr. Denker's response published in the *Chironian*, I would like to comment on it.

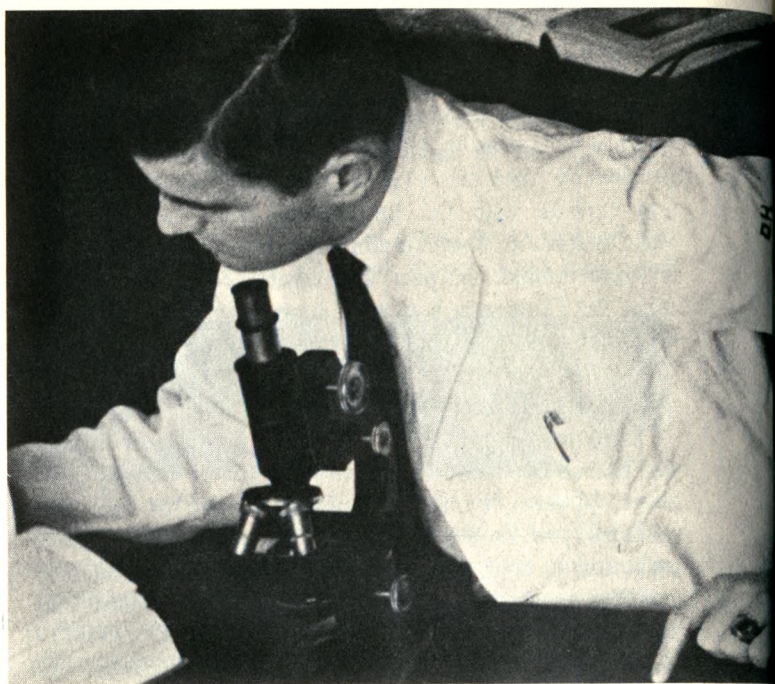
As a fellow alumnus, member of the faculty and also chairman of the Annual Fund, I welcome your *cri de couer*, as we do those reports of other alumni which we receive occasionally in the course of our contact with the alumni, either through the fund appeals or at school functions. We accept your complaint with understanding.

Perhaps in your student years (1946-1950) this was how it appeared to you. After you left the College, you were cast into a milieu which undoubtedly impressed you. While you think of it as the "apprentice-journeyman-master type of trade school" education, you must realize the fact that you were evidently prepared for joining the faculty of Tufts, in an enviable policy making position and also to become the Director of the Cardiology Division of Lemuel Shattuck Hospital. We get glowing reports of other alumni and we are proud of it.

I wish that you had taken an earlier look at the continuing development of the College, the faculty and the expanding curriculum and concentrated teaching. In the 19 years since your graduation, you would see remarkable progress in all of the departments—such as the basic sciences, medicine, surgery and all its subspecialties and pediatrics. Our psychiatry department is one of the best training centers of its kind in the country. All our department heads and section chiefs are men of stature. Dr. Denker has filled you in concerning the newer department heads mentioned in his response to you. Our Research Building is teeming with exciting projects and seminars and there is a constant interchange of talents from other centers of learning. The Faculty Senate, consisting of the pre-clinical and clinical professors, is actively involved in policy making. Mention has been made elsewhere in this issue concerning the participation of the faculty as well as the students in curriculum changes.

I would urge you and all of our alumni to take an active interest in the College. Visit with us, participate in our alumni functions and use the *Chironian* as a forum for the expression of your opinions, suggestions and accomplishments.

Saul A. Schwartz '30
Editor



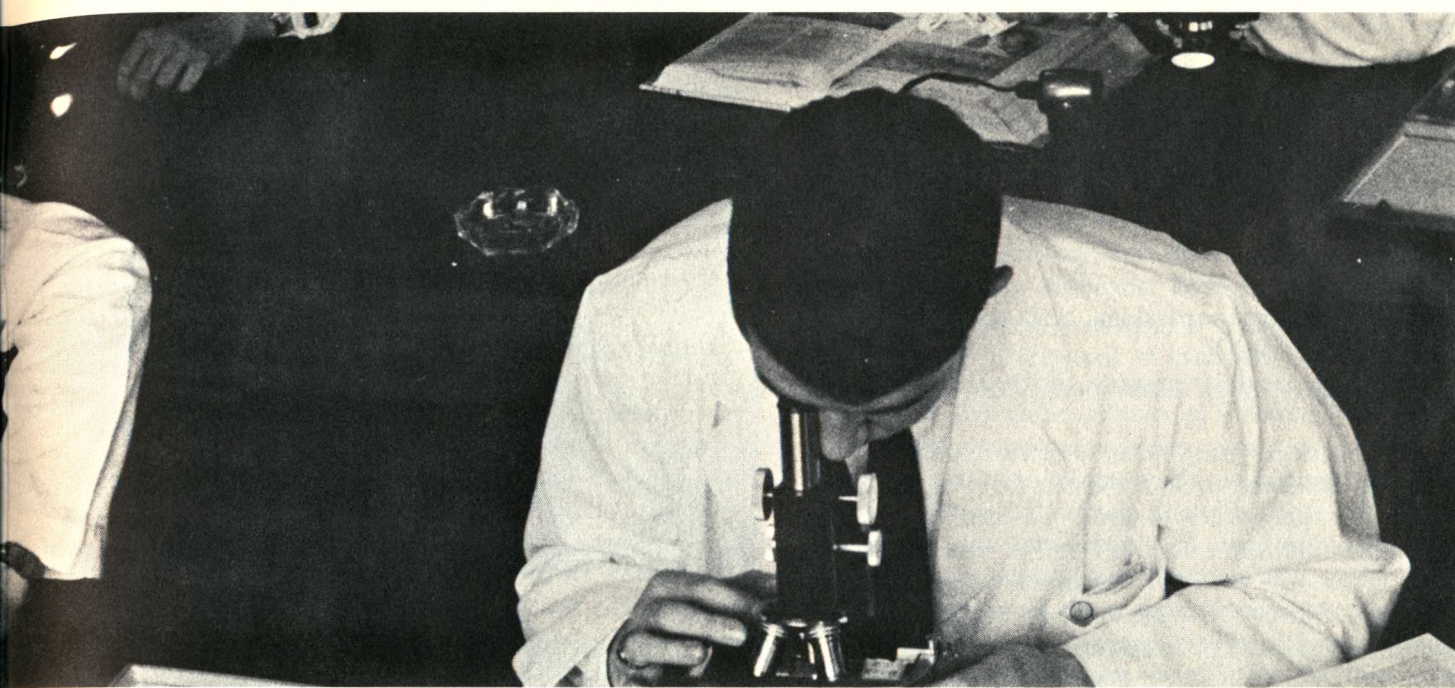
Several students were asked some questions regarding their feelings about the proposed curriculum reforms. Their comments are recorded near the photographs on the next few pages. The comments are not attributable to the students pictured.

Preamble to Faculty Retreat

(continued from page 13)

"Other things being equal, there is no reason why these changes should not be accomplished by a process of evolution to include the growing points of knowledge and delete that which is now redundant. Other things being equal, there is no reason why such modification of the curriculum should require any change in the general aims of medical education."

"Before he [sic, layman/student.] can become an effective physician, he must learn about his patients as people and about their family and social backgrounds. He has also to learn about himself and his reactions to his sick, frightened and sometimes ungrateful patients — and to recognize himself in all of them. He has to achieve some sort of working compromise with the facts of life and death. In this connection, some topics in the curriculum have an educational value out of all proportion to their content of vocationally significant facts. The student is a different person after he has dissected the human body, followed his patient to the postmortem room, delivered his first baby, or sat in on his first psychiatric interview. The study of dermatology not only deals with the diagnosis of pityriasis rosea and



the dispensing of soothing unguents, it also serves to demonstrate important principles of general medicine and to illustrate the different ways in which individuals react to sickness and other stresses. It is essential that we keep this in mind when we assess the relevance of various topics in the curriculum. We may be seriously impoverishing medical education when we decide that the study of a particular subject can be safely excluded from the training of all but the future specialist."

"In the lecture room the teacher attempts, not to present lists of facts already available in the textbooks, but to bring the facts together in an assimilable form, to reveal the general principles behind them and to emphasize their relevance. A further dimension is added to the learning experience in the laboratory, the autopsy room and at the bedside where the student begins to make observations and to formulate tentative judgments for himself. The backbone of this program should be the small-group teaching, at the bedside or in the tutorial room, where the teacher helps the student to test his knowledge, to question the facts, to come up with alternative answers. Stimulate and quiz, these are the essential moves in the teaching game."

"Above all, a successful curriculum is one that is so structured that the requirements of the teaching program do not hinder the student's learning processes; it allows full scope for his natural desire to learn; it provides necessary guidance; it does not overwhelm him with a heavy burden of teaching."

"Where have we gone wrong?"

"In our protracted endeavours to devise a suitable

curriculum we have consistently refused to face the unpalatable facts presented to us by that group most aware of the deficiencies of our present program, namely the student body."

"What are the students trying to tell us?"

"The burden of their criticism seems to be as follows:

a) The *preclinical student* says: "I am overloaded. Why do I have to sit through several lectures a day, when much of what is taught is adequately presented in the textbooks? Why do I spend so much time on dull, poorly planned laboratory exercises which, even if they were effectively executed, would still be irrelevant to my ultimate goal, the understanding of disease? Please make the teaching more personal, give me small-group teaching so that I can receive effective guidance from my teachers. At the very least, if you can't help me to learn, don't burden me with a teaching program that leaves me little time or energy for learning. If you can't teach me more effectively, leave me alone to learn for myself."

b) *Criticism from the clinical years* takes a different form. Rather than too heavy a teaching burden, the student feels a lack of guidance. Some of the teaching is good and some is of low quality. Bad feeling arises because, in some areas, clinicians do not fulfill their teaching responsibilities. Some teachers are known for their not infrequent failure to turn up for their scheduled teaching assignments. Naturally, the students feel angry and frustrated. Their feeling is exemplified by the comment of a student member of this Committee, who stated that in five weeks of a major clinical block in

the third year he had not seen a single patient."

"It is obvious that there is a great deal that we can do to improve our training program, but we would suggest that if we rush into the business of change for its own sake, simply because this is the fashionable thing to do, there is a good chance that the whole structure of our educational program will be so thrown off balance that not only will we *not* attain those goals we are attempting to pursue, but we shall jeopardize whatever is good about the present curriculum. And there are many things that are good."

"What can we do to improve our medical education, within the limitations imposed by a four-year program?"

"Once agreed upon, effective implementation of these decisions requires that they not be open to subsequent protracted negotiation and dilution. Moreover, the burden of setting up a new curriculum and guiding its early stages will inevitably fall in large measure upon one man, someone who has at his fingertips all the detailed information about timetables, etc. Consequently, it is essential that ultimate responsibility for curricular

change be vested, formally, in one person: Director or Dean of Curriculum. The effective prosecution of a new curriculum will require a great deal of tramping up and down the corridors of power, for which our director will need to be equipped with a sufficiently stout pair of boots. He must embody sufficient academic and administrative standing to supplement his natural powers of persuasion."

"Our first response must be to the students' complaints.

We must act to:

- a) reduce the teaching load on the student,
- b) enable him to learn more effectively,
- c) provide good teaching over an adequate range of clinical subjects."

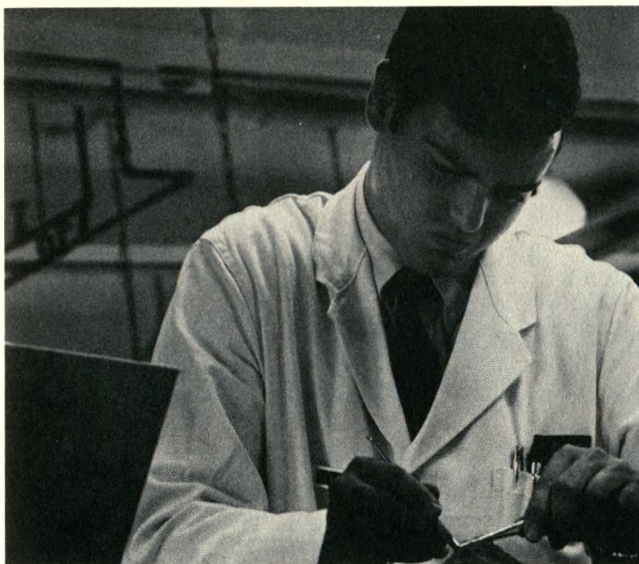
"There is a great deal we can do in these directions *within* the general structure of the existing curriculum.

"Lectures" It should be acknowledged by faculty and students alike that a fully comprehensive, detailed lecture course is unnecessary, and indeed impossible in the time available. Lectures should be highly selective; they are for guidance, for integration, they are not a verbal substitute for the printed page. A firm limit should be put upon the number of lectures per day: e.g. *two* as the absolute maximum."

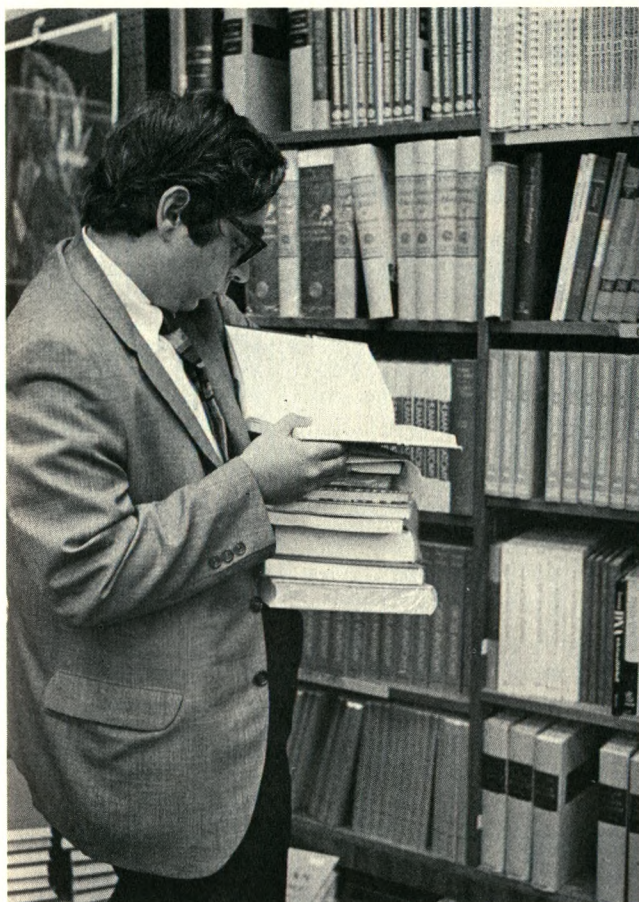
"Laboratory classes" The standard response to the students' flagging interest in this particular form of teaching is to wonder whether laboratories should be dropped altogether. Rather, we should devise a *limited*

Although the student will be required to do much of the textbook work on his own without the aid of lectures I do not feel this will be too great a burden. On the contrary — many of the books are excellent — only a few of the lectures can be classified that way.





Student involvement is wonderful if it does not mean student anarchy.



I disagree with many of the new proposals. The average student needs some assistance in determining what is and what is not of importance in the textbook. Lectures are important.

number of experiments and/or demonstrations which are relevant to the study of medicine, and which illustrate basic mechanisms which are important in disease states."

"Teaching should be made more personal As a beginning, it is suggested that all departments provide *at least* one hour per week of small-group teaching for each student, as long as that student is within their curricular responsibility."

"Clinical teaching A major task will be to increase the contact between students and clinical faculty, at the bedside and in the clinic."

"We should emphasize again that all the above measures are to be regarded as improvements within the general framework of the present timetable, with the basic sciences in the first two years, clinical exposure predominantly in years 3 and 4. So far we have not introduced any startling new concepts. We have relied upon the old, the tried, the tested."

"Topic teaching No one would deny that a teaching session which weaves together the structural, functional, and clinical implications of a particular organ or system has a compelling fascination for the student, and rightly so since the student is going to be concerned with the treatment of disease in the whole man. There are many areas in which topic teaching may be immensely successful."

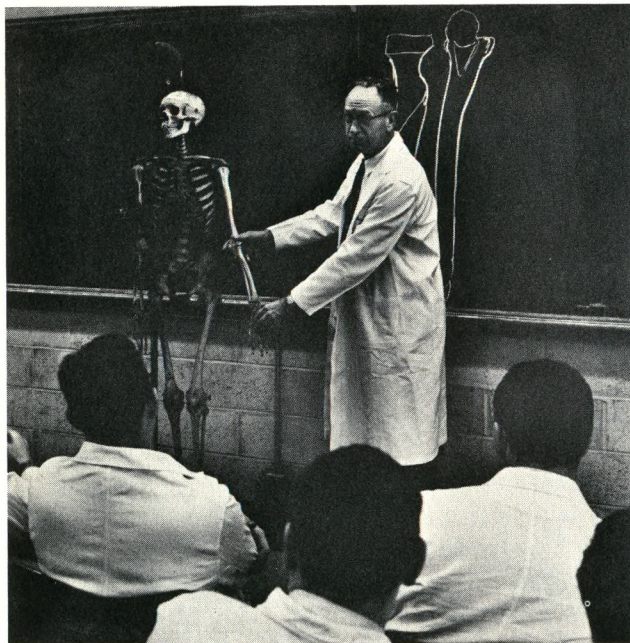
"Elective studies A major deficiency in our present curriculum is that it does not lay sufficient emphasis on any one aspect of medical science to provide an adequate intellectual discipline. In order that the student may begin to grasp the concepts of scientific medicine, in order that his curiosity may be aroused to the point where he wants to go on learning, and in order that he may be equipped to go on learning, he must have the opportunity to study some subject in depth over a sufficient period of time. These aims would be well served by the introduction in the final year of a system of elective studies, combining both basic and clinical sciences."

How can the student choose if he has not been exposed to the full range of options? Medicine is best served by students who have sufficient sparkle and imagination to be aroused in half a dozen different di-



After a short time, lectures lose continuity and become just many isolated bits of information with little relevance to the work done on the wards and in the clinics.

I am afraid that any change in curriculum will create some initial hardships until the unforeseen problems are ironed out.



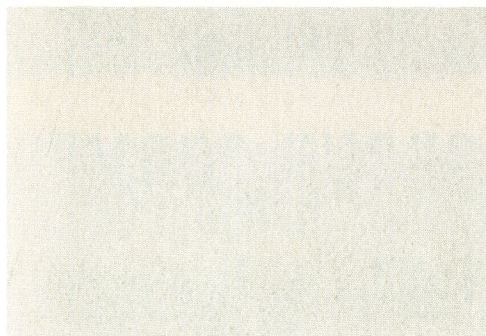
I would not want to do without lectures altogether. My lecture notes provide the basis for my study. A more integrated program — one which would avoid redundancy between departments and thus allow for more tutorial teaching as well as better lectures.

rections before they finally settle down to their chosen specialty. If we are to be something more than a trade school, we must not be restricted to offering limited, vocational programs. The greater the emphasis on specialization in the practice of medicine, the greater the need for a good, broadly based, general education in medicine. Thus electives should not be regarded as a device to cover up deficiencies in our regular teaching program."

"The primary consideration, indeed the only valid reason, for changing our program is that we are convinced we shall thereby effect an improvement in the quality of our teaching."

"If we continue to ignore the real pressure for change, the prospect we have to face is not that we should fail to come up with a new timetable in preparation for our move to Westchester, but that by our continued refusal to acknowledge the substance of the students' complaints there should be a further deterioration in their morale, with consequences none of us can foresee."

CHAIRMAN'S REPORT



Israeli A. Jaffe, M.D. is Professor of Medicine at the College.

The Curriculum Committee of the College is undertaking a revision of the standard curriculum which has been employed here for many years. After a thorough review of the present curriculum and a detailed study of the more radical curriculum changes being instituted throughout the country, the Committee is commencing its task. The pattern which is evolving thus far appears to have certain fundamental principles which will affect both the pre-clinical and clinical years.

In the pre-clinical years it is planned to introduce *topic teaching* for those areas which lend themselves to this vertical approach. With this technique, a given organ or system is presented in a block in which are included all the basic sciences that relates to that particular topic. Thus the subject of the heart would be presented by the Anatomy Dept. who would provide the details of gross and microscopic structure; Physiology both normal and pathological by that department; diseases of the heart presented by the Dept. of Pathology. The effect of cardio-vascular drugs and their relationship to abnormal cardiac physiology by the Dept. of Pharmacology, etc. As much as possible, clinical material would be introduced to illustrate the various topics covered. While this type of teaching places a greater burden upon the faculty, it permits for far greater integration of subject matter, elimination of repetition and duplication and tends to give the freshman and sophomore student a greater appreciation of clinical relevance. That material which does not readily fall into topic blocks would continue to be taught in the conventional manner on a departmental basis.

The third year will become modified only slightly with considerably more student involvement into the actual operation of the ward as an educational experience. It is believed that the better preparation in the first two years will make this more feasible in the third year.

The fourth year will be largely elective with only the surgical sub-specialties being required in a single block. These fourth year electives will be highly structured and specialized and permit the student to explore one or more areas of medical science in greater depth.

It is not known when the new curriculum will be completed and at what pace it may be implemented. Already, however, many positive benefits have accrued from these meetings and discussions between different members of the faculty. Departments are given a greater degree of insight into the curricular responsibilities and problems of other departments and there is a much greater faculty to faculty and student to faculty dialogue than heretofore. Certainly by the time the Institution leaves for its new site in Westchester, the new curriculum will be fully prepared and hopefully in large part tested.

Massachusetts alumni formed a Regional group of New York Medical College. On Sunday, October 27, 1968 at the popular Sidney Hill Country Club, Newton, Mass., it held its first meeting at which officers were elected. The business meeting was followed by a dinner and dance to the music of famed Ruby Newman and his orchestra.

Elected were:

Dr. George B. Smithy '45*President*

Dr. Michael Kinsella '62*Vice President*

Dr. James B. Gibbons '58*Treasurer*

Executive Board: Dr. John Wheeler '46

Dr. James Birch Jr. '62

Dr. William J. Dean '64

Dr. Edward E. Julian '46

Dr. Hugh P. O'Shaughnessy '61

Dr. Francis P. MacMillan '64



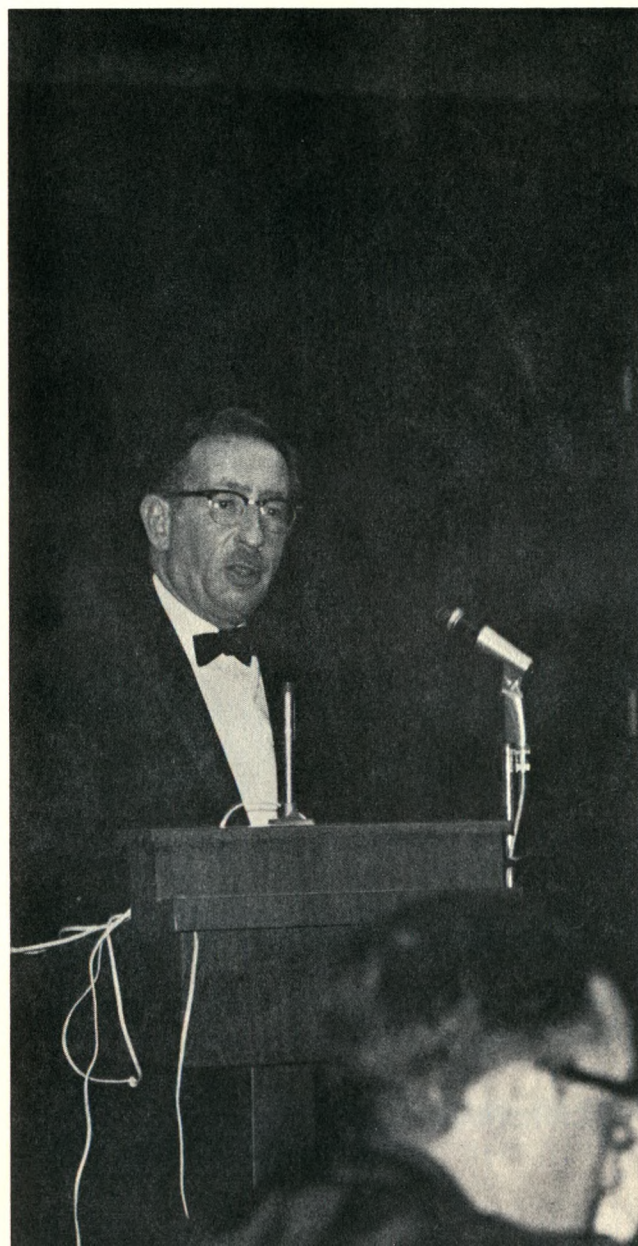
MASSACHUSETTS REGIONAL GROUP FORMED

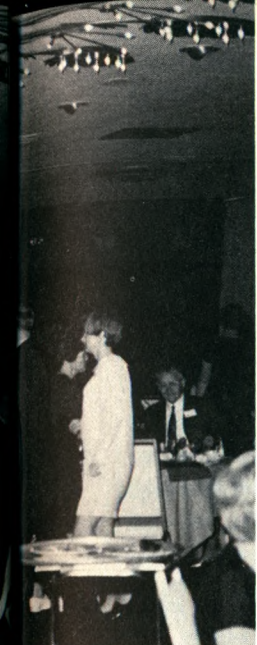
The aim and purpose of the new group is to aid the school towards its goal for ever greater excellence in every way possible.

Dr. David Denker, President of the College, after presenting a banner bearing the name of the new Alumni group, spoke about the high purposes and great financial needs of the school. The decision to move to Westchester and the projected school and hospital were reviewed by Dr. Denker with the aid of slides showing the proposed school and hospital. He added the fervent hope that the bond issue needed to implement the move, would be voted upon favorably by the citizens of Westchester (subsequently adopted by 4 to 1 vote). He made a promise for the great future lying ahead for New York Medical College and a plea for assistance from alumni and friends.

Dr. George Smithy, the new President made some brief remarks and spoke with great feeling of the School's need for Alumni help. Some alumni came to the affair from as far as 200 miles—many of them hadn't seen classmates in some instances for as long as 25 years. It was quite a happy reunion for many. A visiting alumni from Syracuse, N. Y. came with his roommate, a Massachusetts alumnus. Dr. and Mrs. Daniel F. S. Crowther '64 from Connecticut joined us, as also from Salem, New Hampshire, we were visited by Dr. Richard E. McCarthy '59. The alumni left saying the group should have been formed 10 years ago, but as the saying goes "better late than never." There were 115 doctors and their wives present.

The next Alumni meeting is planned to be held at the home of Dr. James Gibbons '58. This meeting was sponsored by Mr. and Mrs. Samuel Newman who are ardent supporters of the College.





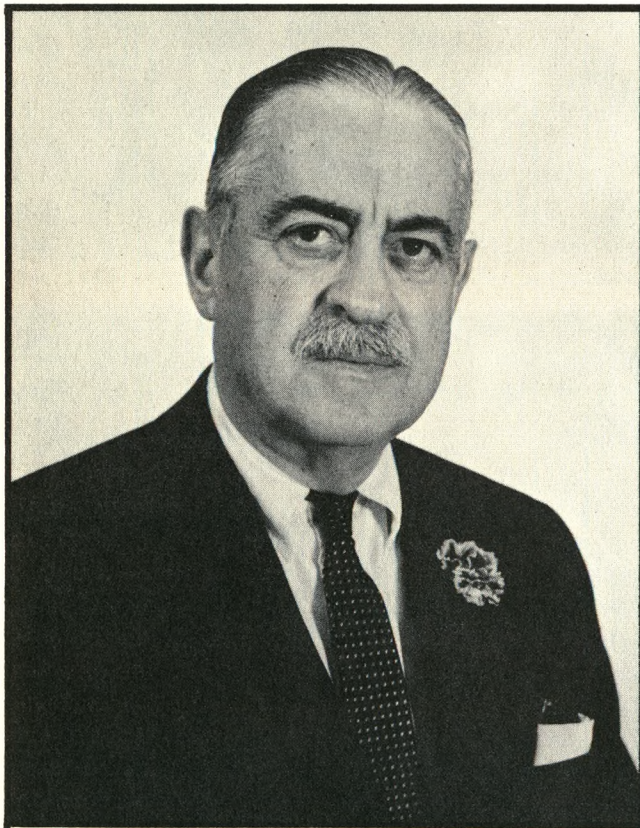
IN SHORT the quarter in review

We would be happy to publish summaries of any of your reports which are of interest or of significant contribution to the science of medicine. We feel the alumni would benefit by sharing the accomplishments of fellow alumni. Publication will be determined on the basis of space availability and by the judgment of the editor.

Dr. Wershub Dies Suddenly

Dr. Leonard Paul Wershub, Professor of Urology at New York Medical College, and President of the Medical Board of Flower and Fifth Avenue Hospitals, died suddenly of a heart attack, Tuesday, Jan. 14 at his home, 1136 Fifth Avenue. He was 68 years old.

Dr. Wershub, who was well known as a practicing physician, medical historian, scholar, and writer, was born in New York City on May 5, 1901. A graduate of DeWitt Clinton High School, he attended Columbia



Leonard Paul Wershub, M.D.
May 5, 1901-January 14, 1969

College and Yale University, from 1919 to 1924 and was graduated from New York Medical College in 1927. He served his internship at Beth Israel Hospital from 1927-1929 and a preceptorship under Dr. Louis René Kaufman and joined the faculty of New York Medical College as an instructor in 1930. He rose to the rank of professor, which he held at his death.

A prolific writer on both medical science and history, Dr. Wershub had been Curator of medical memorabilia at New York Medical College since 1963. He was a Fellow of the American College of Surgeons and the International College of Surgeons, a Diplomate of the American Board of Urology and a member of the New York Urological Society, the New York Academy of Medicine, and the New York Academy of Sciences. He held an honorary Fellowship in the Surgical Academy of Madrid, in 1952. He was awarded the Selective Service Medal in World War II. Dr. Wershub was Consulting Editor of the *Chronian* and past President of the Alumni Association of New York Medical College. In 1960, he was awarded the Alumni Medal of the College.

He was the author of five books: *Urology and Industry*, *Sexual Impotence in the Male*, *The Human Testis*, *One Hundred Years of Medical Progress*, and *Urology from Antiquity to the 20th Century* (on press). He has written numerous scientific articles and medico-historical papers.

Dr. Wershub has willed his library and his instruments to New York Medical College. Leonard Wershub was a loyal and dedicated alumnus. He visited the alumni office daily to discuss the progress of the next issue of the *CHIRONIAN*. With this issue he assumed full control of this magazine when Paul Scheffels left New York Medical College and he attacked his added responsibilities with the zeal of a freshman student.

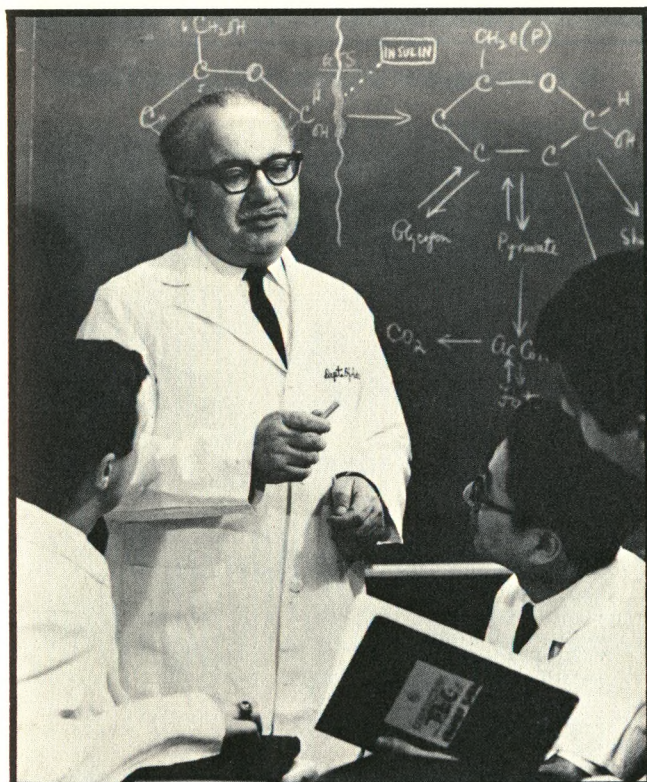
He is survived by his wife Miriam E. Wershub and a son Stuart. Services were held Thursday, January 16, at Riverside Memorial Chapel.

Move Programs Coordinated

A Joint Committee for Program Coordination for the medical center in Westchester has been formed by the Board of Trustees of New York Medical College. The committee's assignment, as defined by Jackson E. Spears, chairman of the Board, is to "define the necessary set of principles which would serve to coordinate the proposed plans in order to achieve an essential unity of purpose."

The committee includes representatives of the trustees, administration and faculty of the College, plus leaders of the Westchester community. Its full-time chairman is Dr. Rachmiel Levine, who took a leave of absence, starting January 20, from the chairmanship of the Department of Medicine. (Dean J. Frederick Eagle named Dr. Robert Goldstein as acting chairman of Medicine while Dr. Levine is on leave). The other members of the committee:

Trustees of New York Medical College—Eric



Dr. Rachmiel Levine, chairman of the Committee. Dr. Levine's leave of absence will enable him to devote full time to his new duties which are so vital to the College and Hospital's orderly move.

Haight, Albert Swanke and Marvin Bower.

College administration—President David Denker and Dean Eagle.

College chairman—Doctors Vernon Brooks, Physiology; Alfred Freedman, Psychiatry; David Spiro, Pathology; Martin Stone, Obstetrics and Gynecology; Milton Terris, Preventive Medicine.

Westchester representatives—Dr. Leonard Berman, Executive Office of Westchester County; Dr. William C. Felch, president of the Westchester Academy of Medicine; Dr. Waring Willis, member of the Development Committee for a Medical Center in Westchester.

The statement by Mr. Spears on the appointment of the committee said in part:

"During this eventful year in the history of our college, a number of groups and individuals have been working on a variety of programs and plans for the development of the projected medical center in Westchester. This exciting task requires the input of detailed expert knowledge from the great variety of educational, social, scientific, and technological disciplines which constitute or relate to the field of health care.

"The rich diversity of programs and points of view demands integration in the light of a set of guiding principles, which are calculated to lead to the achievement of our goals. These goals are the creation in Westchester of a center of excellence: for the education of professional health personnel; for the acquisition of new knowledge through research and development, and, for the widest possible distribution of medical care in partnership with the physicians and the health agencies of the community."

Creator-Dean of Graduate School of Nursing to Retire

Dean Frances Reiter, who created the Graduate School of Nursing of New York Medical College, has announced her retirement, effective with the end of the 1968-69 academic year. It was in July, 1960, that Miss Reiter assumed the position of Dean, and in 1962 the new school accepted its first students. Since then it has grown to its present enrollment of 65 candidates for the degree of Master of Science in nursing. The school's attainments are indicated by the fact that, in all instances for which comparable scores are available, its graduates ranked first or second in licensing examinations among all graduates of nursing schools in New York State or in the United States.

Dean Reiter herself last year received the diamond-

studded honorary membership pin that is the highest award of the 200,000-member American Nurses Association. She was cited as the originator of the terms "clinical specialist" and "nurse-clinician," which exemplify her innovations in nursing practice and education. Under her, the school has been one of the few whose generic program grants only the master's degree to persons already holding baccalaureate degrees. It also grants this degree in its specialized clinical programs for registered nurses.

President David Denker has named a search committee under the chairmanship of Dr. Richard Brotman, professor of psychiatry, to seek a successor for Dean Reiter. The committee also is charged with helping to develop a new program for nursing education when the College moves to Westchester, where an expanded nursing teaching effort is in prospect, in collaboration with the existing program at the Grasslands site.

Westchester Men Join Board

Four men from Westchester County were elected to the Board of Trustees of New York Medical College at its annual meeting on December 17. All are members also of the Development Committee for the Medical Center in Westchester, of which the College will be the keystone. The new trustees are:

Charles G. Mortimer, chairman of the Development Committee. Mr. Mortimer retired as chairman of the General Foods Corporation in 1965, but is still chairman of its Executive Committee. One of the most prominent businessmen in the United States, he has found time for such public-service activities as the national chairmanship of a drive that raised more than \$30 million for the United Negro College Fund.

Edward J. Hughes, vice president and editorial director of the Westchester-Rockland Newspapers, Inc. Among his many activities, Mr. Hughes is chairman of the Council of the State University College at Purchase, N. Y., vice president of the Board of Trustees of St. Agnes Hospital, White Plains, and member of the board of the Westchester Council of Social Agencies.

Marvin Bower, managing director of McKinsey & Co., Inc., management consultants. Mr. Bower is vice chairman of the Committee for Economic Development, vice chairman of the Joint Council for Economic Education, and a member of the visiting committee of the Harvard School of Business Administration.

John A. Riegel, general solicitor of General Foods Corporation. A former president of Phelps Memorial

Hospital, and a former mayor of Briarcliff Manor, he is also a director of the Westchester Legal Aid Society.

The Development Committee itself, fortified by the resounding victory on the \$28,000,000 bond issue for the medical-center hospital as Grasslands, expanded to 20 members from 14, and set up five task forces to expedite detailed planning for the center. They are:

Finance, headed by Mr. Mortimer.

Professional, led by Dr. Waring Willis '58.

Legal, with Mr. Riegel as chairman.

Organization and nominating, under George W. Helm.

Relations, headed by Allen J. Wagner.

The forces, Mr. Mortimer explained, have been created "so that Westchesterites and the New York Medical College officials, working together, can coordinate Westchester's health needs and facilities with the establishment of the medical center and the important teaching programs it will include. While the medical center cannot become a reality overnight, we are now moving forward resolutely in developing what we want to become a great health complex at Grasslands to serve not only Westchester, but also the nation."

Report on Alcoholic's Diet



Dr. Saul A. Schwartz '30 is Clinical Professor of Medicine and Acting Editor of the Chironian.

Dr. Saul A. Schwartz '30 reported, in a paper delivered before the annual meeting of the American College of Nutrition, that alcoholics do not suffer liver damage only as a result of neglectful eating habits. The report was based on a study of more than one hundred heavy drinkers whose intake of alcohol typically equalled one-third of their total caloric intake from food for periods of weeks or even months.

The report showed:

1. Even when those studied reported good nutrition, a fatty liver occurred.
2. Some patients also showed a combination of jaundice hemolytic anemia and a high level of cholesterol and other fatty substances in the blood.
3. A high proportion of fat in the diet increases the tendency to fat deposits in the liver.
4. When too little food was eaten, especially protein, there was a tendency to permanent damage in the form of cirrhosis of the liver.
5. When patients stopped drinking, these conditions returned to pre-alcoholic status with normal health restored after about three weeks to two months.

College Medal Presented



Mr. William F. Chatlos, philanthropist and builder.

The first reunion of New York Medical College alumni resident in Florida was highlighted by the presentation of the Medal of the College to William F. Chatlos, philanthropist and builder.

President David Denker and Professor George R. Nagamatsu '34, Chairman of the Department of Urology, attended the reunion, held on February 8 at the Sheraton Beach Hotel in Miami Beach. Dr. Denker presented the medal to Mr. Chatlos, and Dr. Nagamatsu read the citation, which expressed the deep appreciation of the college for his "generous support of the advancement of research and education in medicine and his broad concern for the welfare of mankind."

Mr. Chatlos is a well-known builder whose activities have included the construction of residential developments in New York City, Bridgeport, Conn., Florida, and other areas on the Atlantic seaboard. He is now a resident of Golden Beach, Florida.

Acting through the William F. Chatlos Foundation, of which he is president, Mr. Chatlos has provided a Chatlos Fellowship in Urology at New York Medical College, and has also given support to the resident training program and the basic and clinical research of the Department of Urology. Much of the research is done in the department's Chatlos Urology Laboratory.

A score of Florida alumni attended the reunion.

Alumni Receive Appointments

Dr. J. Frederick Eagle, Dean of the College announced two new appointments for alumni of the class of 1956. Dr. Stephen N. Rous, Associate Professor of Urology has been appointed Assistant Dean. Assistant Professor of Obstetrics and Gynecology, Dr. Joseph C. Bamford, Jr. will be assisting Dean Eagle with medical school matters as Associate Dean.

Dr. Rous, in addition to his duties as chief of the urology service at Metropolitan Hospital, will assume Dr. Bamford's duties as dean of third- and fourth-year students at Metropolitan.

These duties include the orientation of juniors and seniors to the clinical aspects of medicine, coordination and quality of teaching efforts during the junior and senior years, course scheduling, supervising of comprehensive examinations, and advising students concerning electives, and career possibilities.

Dr. Bamford will continue to head the psychosomatic obstetrics and gynecology section in the Department of Obstetrics and Gynecology.

Dr. Bamford received the B.S. degree from Rutgers University in 1952. He served his internship at the

Mary Fletcher Hospital of the University of Vermont and his residency at New York Medical College, Metropolitan Hospital Center. He joined the faculty of the college (part time) as assistant clinical instructor in 1960. From 1960 to 1962 he served as obstetrician and gynecologist at the United States Naval Air Test Center, Patuxent River, Maryland, and at the time of his discharge held the rank of lieutenant commander. From 1962 to 1966 he engaged in private practice in Paterson, New Jersey, as well as in teaching part time at the college. He was appointed assistant professor and assistant dean in 1966.

Dr. Bamford is a diplomate of the American Board of Obstetrics and Gynecology. He is a member of the Board of Trustees of the Paterson General Hospital and a member of the Board of Health of Ho-Ho-Kus, New Jersey, where he and his family live.



Dr. Joseph C. Bamford, Jr. '56 former Assistant Dean is now Associate Dean. He will be working with Dean J. Frederick Eagle on medical school matters.

Dr. Rous joined the New York Medical College faculty in 1968. A 1952 graduate of Amherst College. He interned at Philadelphia General Hospital, was a resident for two years in general surgery at Flower and Fifth Avenue Hospitals and at Metropolitan Hospital, and spent his first year of urology residency back at Philadelphia General Hospital. He held a three-year fellowship in urology at the Mayo Clinic and Mayo Graduate School of Medicine from 1960 to 1963 and also earned the M.S. degree in urology from the University of Minnesota in 1963.

From 1964 to 1968 Dr. Rous engaged in private



Dr. Stephen N. Rous '56 has been appointed Assistant Dean of the College. He is on the Editorial Board of the Chironian.

practice in San Francisco, where he was a clinical instructor in urology at the University of California School of Medicine and a member of the teaching staffs of Presbyterian Medical Center and Mount Zion Hospital.

Dr. Rous is a diplomate of the American Board of Urology and the author of a number of scientific publications, including a urology textbook now in preparation for publication by the University of California Press in 1970.

25 yr. Cancer Study Reported

Dr. Walter L. Mersheimer '37, professor and chairman of the Department of Surgery at N.Y.M.C. delivered a paper before the Sixth National Cancer Conference in Denver entitled, "End Results in Cancer of the Female Breast." His paper is based on a study of 53,452 women with breast cancer who were admitted over the period 1940-1964. Some of his findings were:

- 1) Breast cancer in women is on the rise, however, there has been a slight decrease in the mortality rate among women of all ages except those under 35;
- 2) The annual risk of developing cancer is approximately twice as high for women in the 80-84 age bracket as for women in the 50-54 age bracket;
- 3) Surgery remains the preferred treatment for breast cancer. The use of radiation, chemotherapy and hormone manipulation has increased.

CONSTITUTION

At a meeting of the Board of Governors on September 27, 1967, Dr. Bernard J. Wattiker, President, appointed a committee to rewrite the constitution of the Association. The members of this committee were:

Henry P. Leis, Jr., M.D., Chairman, Leonard P. Wershub, M.D., Cyrille R. Halkin, M.D.

After several meetings the committee presented [to the Board of Governors, Alumni Association of New York Medical College, Flower and Fifth Avenue Hospitals, Inc.] the following draft of the Constitution and By-Laws of the Alumni Association of the New York Medical College, Flower and Fifth Avenue Hospitals, Inc. (Amended to include changes approved at Board of Governors meeting, April 24, 1968) for consideration:

HISTORICAL STATEMENT

This Organization founded in the State of New York in 1883, and continuously active since then, was incorporated in that State in 1946. It shall be known as the Alumni Association of New York Medical College, Flower and Fifth Avenue Hospitals, Incorporated.

PREAMBLE

We, Alumni of New York Medical College, Flower and Fifth Avenue Hospitals, being desirous of serving our Alma Mater and wishing to participate and share in the development of the Institution from which we graduated unite in the foundation of this Association of Alumni.

ARTICLE I — NAME

The official name of the Association shall be the Alumni Association of New York Medical College, Flower and Fifth Avenue Hospitals, Incorporated.

ARTICLE II — SEAL

The subjoined shall be the official seal of the Association.

ARTICLE III — PUBLICATION

There shall be an official publication so designated by the Board of Governors.

ARTICLE IV — OBJECTIVES

It shall be the purpose of this Association to bring about, insofar as is practicable, the unification of the Alumni of New York Medical College, Flower and Fifth Avenue Hospitals in order that by their aid and support the educational and scientific programs of the Medical College may be progressively enhanced, improved and expanded.

ARTICLE V — MEMBERSHIP

There shall be three types of membership — regular, associate and honorary — and the qualification and requirements for each class of membership shall be defined and set forth in the By-Laws.

ARTICLE VI — MEETINGS

The annual meeting of the Association shall be held at the discretion of the Board of Governors. The Board of Governors has the authority to make all arrangements and to set the time and place for such meetings as well as all other regular and special meetings. Twenty voting members shall constitute a quorum for a meeting of the association.

ARTICLE VII — OFFICERS

The officers of the Association shall be a President, a President-Elect, a Vice-President, a Secretary, a Treasurer, an Archivist, and six Governors.

The term of office of the President and President-Elect will be for 2 years only. The Vice-President, Secretary, Treasurer and Archivist may be re-elected on a yearly basis.

The term of office of the Governors will be for three years. At the onset two are to be elected for a one year term, two for a two year term, and three for a three year term. After this, two Governors are to be elected each year for three year terms.

ARTICLE VIII — ALUMNUS TRUSTEE

The Board of Governors will elect a minimum of one, and a maximum of three alumni of New York Medical College — Flower and Fifth Avenue Hospitals for a one year term to serve as members of the Board of Trustees. They will be known as Alumni Trustees and shall become automatically members of the Board of Governors of the Alumni Association. They may be re-elected on an annual basis.

ARTICLE IX —
FACULTY GOVERNORS

All Departmental Chairmen who are graduates of the New York Medical College - Flower and Fifth Avenue Hospitals shall become automatically a member of the Board of Governors. Each shall be privileged to vote at Board meetings and they shall be known as Faculty Governors.

ARTICLE X —
BOARD OF GOVERNORS

The Board of Governors shall be composed of all the Officers of the Association, each Alumnus Trustee, each Faculty Governor, the Chairman of the Publications Committee, the Chairman of the Alumni Fund Committee, all past presidents, six elected governors and regional representatives. All shall be voting members. The Board of Governors shall be vested with the following powers:

1. The transaction of all business of the Association during the interim between meetings — regular, special, annual — of the body politic of the Association and its actions shall be binding upon the Association.
2. The negotiation and execution of all contracts.
3. The suggestion of the name or names of qualified members of the Alumni Association to the Chairman of the Board of Trustees of New York Medical College, whenever there appears a vacancy on that Board for an Alumnus Trustee.
4. Nomination of Officers and the designation of the time, manner and place of the annual and all other elections.
5. The formulation and publication of such practices and policies as are necessary for the proper conservation and admini-

stration of the Doctors' Sick Fund.

6. The determination of proper dues for each type of membership. The Board shall have full authority to set dues and assessments, to collect them, and to stipulate the measures to be taken when such dues or assessments are unpaid. To be in good standing current and past dues must be paid not later than three days prior to the annual meeting.

7. Through the proper Officer, the Board of Governors is authorized to control all funds and monies collected, to establish bank accounts of any nature and to invest surplus funds, as well as make proper disbursements.

8. The keeping of records and minutes of all Board — regular, special, or annual — meetings and to report at least once to the body politic of the Organization at its Annual Meeting.

9. Establish practices and policies regarding formation of Auxiliary Chapters and their continuation or discontinuation.

10. The selection of the Alumnus to be designated to receive the honor of being named as "Alumnus of the Year," and selection of recipients of the Alumni Medal.

11. All other administrative, legislative, fiscal or executive functions, powers or duties as may present themselves or be required during the interim between meetings of the Association.

ARTICLE XI — AUXILIARIES

An Auxiliary or Auxiliaries of this Association may be formed by properly qualified Alumni, provided such an Auxiliary or such Auxiliaries conform with requirements set forth by the

Board of Governors. Such an Auxiliary Organization may be discontinued for failure to conform with such requirements after a hearing before the Board of Governors, and the use of the name of this Association of the Medical College shall in such a case be thereafter forbidden.

ARTICLE XII —
AUTHORIZATION OF BY-LAWS

This document provides for the development of By-Laws which become effective when adopted and may be amended in a manner provided herein.

ARTICLE XIII — AMENDMENT
TO THE CONSTITUTION
AND BY-LAWS

This Constitution and the annexed By-Laws may be amended at any meeting of the Alumni Association by a vote of three-quarters of those present, provided that the proposed amendment has been approved by a majority vote of the Board of Governors and written notice of such proposal shall have been given in the call for the meeting at least two weeks in advance of the meeting. It shall be the duty of the Secretary, in the call for any meeting, to give notice of such proposed amendments.

BY-LAWS
ARTICLE I — MEMBERS

There shall be three types of membership. A graduate of New York Medical College, Flower and Fifth Avenue Hospitals shall be known as a regular member and shall be so notified by the Board of Governors. He shall pay dues with the exception of 50-year graduates who automatically may continue their membership without paying dues. Regular members have the privilege of participating in all the activities of the Association including the

right to vote and hold office. He may be dropped from regular membership by the Board of Governors "for cause" including non-payment of dues.

The Board of Governors may elect to *honorary membership* any person who has rendered great service to the Medical College or to the community or nation. Such membership shall be purely honorary and carry with it no responsibilities nor shall a member have the right to vote or the privilege of holding office.

Any licensed physician, not a graduate of New York Medical College or any member of an affiliated profession associated with and interested in promoting the welfare of New York Medical College and a member of its faculty may be eligible for election by the Board of Governors as an *Associate Member*. Such a member must accept all responsibilities of a regular member including the payment of dues and shall receive all privileges of regular membership except eligibility to hold office. The membership of such an Associate shall cease to exist with the termination of his appointment to the Faculty of New York Medical College.

ARTICLE II — DUTIES OF OFFICERS

Section 1. It shall be the duty of the President to call meetings of the Association and the Board of Governors and to preside at both. Meetings shall be called when deemed necessary by the President or when he is requested to do so by *ten* regular members of the body politic or by *five* members of the Board of Governors. He shall preside at all meetings and fulfill all duties ordinarily expected of a presiding officer including the appointment of all committees and Committee Chairmen unless otherwise specified.

Section 2. The President-Elect, and in his absence the Vice-President, shall, in the temporary absence of the President, preside and perform his duties.

Section 3. The Secretary, Treasurer and Archivist shall accept and perform such duties as their respective offices obviously require.

Section 4. In the event of a vacancy occurring by resignation or any other manner in any office except the Presidency, the Board of Governors shall, unless otherwise prescribed by the Constitution and By-Laws, determine the method by which that vacancy shall be filled. In case of vacancy of the Office of President then the President-Elect shall automatically become President.

ARTICLE III — COMMITTEES

There shall be the following Standing Committees of the Board of Governors and each Committee shall include a Chairman and at least one additional member: Publication Committee and Finance Committee.

ARTICLE IV — ORDER OF BUSINESS

1. Reading of the minutes of previous meeting.
2. Election of New Members.
3. Reports of officers and committees.
4. Unfinished Business.
5. New Business.
6. Adjournment.

ARTICLE V — ELECTION OF OFFICERS

Section 1. Nominations for office in the Association may be made by the Board of Governors or by the written petition of any regular member of the Association. In the latter case, the peti-

tion must be signed by not less than *ten* regular members of the Association, including the petitioner, all of whom must be in good standing. The names of all candidates for all offices must be in the hands of the Secretary at least one month before the Annual Meeting.

Section 2. Voting. The privilege of voting shall be restricted to regular and associate members in good standing and all ballots must be written and mailed or otherwise delivered to the proper persons in accordance with the rules governing elections as set forth by the Board of Governors. Polls and all balloting must be completed by Noon, two days prior to the Annual Meeting.

"Good Standing" shall be defined as not in arrears and with no charges of any kind.

ARTICLE VI

This Association shall be governed by parliamentary usages as set forth in "Robert's Rules of Order", in all instances in which they are applicable and are not inconsistent with the Constitution and By-Laws.

RESOLVED: — That the Constitution and By-Laws of the Alumni Association of New York Medical College, Flower and Fifth Avenue Hospitals, Inc. be and are hereby revised and amended by the adoption of the proposed revised constitution and by-laws and it is further:

RESOLVED: — That upon adoption such revised Constitution and By-Laws shall take effect forthwith.

Respectfully submitted,
HENRY PATRICK LEIS, JR., M.D.

Class Notes

1930

Saul A. Schwartz spoke on detection of intestinal bleeding at the annual convention of the American College of Gastroenterology held in Boston, Oct. 1968. He also delivered a paper on Diverticulosis to the American Academy of General Practice, Nov. 1968.

1931

Theodore Kinne Graham, after a long illness passed away last November. In October he was named Doctor of the Year by the Passaic County Medical Society. He was a fellow of the American College of Surgeons, a diplomate of the American Board of Obstetrics & Gynecology. He had been a member and director of obstetrics at St. Joseph's Hospital for many years.

1932

Joseph Bloom retired in January after more than thirty-five years of medical practice. His two sons are also doctors.

1933

Peter A. Latella is Director of Otolaryngology, New Rochelle Hospital; President, Medical Board, New Rochelle Hospital; Consultant, Grasslands Hospital, Mount Vernon Hospital, Norwalk, Conn. Hospital; Attending Consultant, Kingsbridge Veterans Administration Hospital, Bronx; Diplomate, American Board of Otolaryngology and Fellow, American College of Surgeons.

Irvin Klein was elected President of the American Academy of Compensation Medicine, November 1968. He is Medical Director of the New York State Compensation Board.

1937

Henry Buermann would like to hear from classmates in the Utica Syracuse area. He is staff psychiatrist at Marcy State Hospital, Marcy, N. Y. Henry can be reached at the hospital or by mail at Box 57, Marcy, N. Y. 13403.

1938

Benjamin M. Shenker was chairman of the 1968 campaign drive for Israel Bonds in Middletown, Conn. He is a

specialist in the treatment of arthritis and rheumatism; a consultant at Middlesex Memorial and State Veterans' Hospital and a member of the Board of Directors of Congregation Adath Israel.

1939

S. Thomas Coppola has been elected president of the Bay Ridge Medical Society, Brooklyn. He is a Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons. He is Attending Surgeon at Victory Memorial Hospital and Associate Attending Surgeon at Long Island College and Holy Family Hospital.

Bernard Rothbard happily announces his first grandchild, **Jason**, son of **Richard** (4 year student at Downstate Medical School.)

Joseph Catania is the appointed Chief of the fourth Surgical Division at St. Mary's Hospital, Passaic, New Jersey. He is also the appointed Delegate at Large for the State of New Jersey for the International Academy of Proctology.

1940

Saul Golby, formerly of Brooklyn, is now practicing in the Allegany County Community of Friendship, New York.

Robert W. Barnett has been named a Fellow of the American College of Physicians. He previously practiced at Columbia Presbyterian Medical Center and Mt. Sinai Hospital in New York and is a member of the National Board of Medical Examiners.

1942

Marvin Rosenberg is attending in orthopedic surgery at Beth Israel. He is certified as a Diplomate by the American Board of Orthopedic Surgery and is a Fellow of the American College of Surgeons.

1946

Victoria Bradess, county medical examiner, has purchased an apartment on Hastings Court in Jefferson Village, Yorktown, New York. She plans to commute from Jefferson Valley to her labor-

atory office at Grasslands Hospital in Valhalla and eventually retire to Jefferson Village.

1947

Joseph A. King, Jr. was elected President of the Massachusetts Medico-Legal Society 1968-69 and appointed by Governor John A. Volpe to the Governor's Commission on the Medical Examiner System.

1948

Richard H. Lange was elected vice president elect of the American Cancer Society, New York State Division, Inc.

1949

Robert T. Dunn is an internist and cardiologist. He is president of Medical Park in Wayne, chairman of the department of medicine and past president of the medical staff at Chilton Hospital. Dr. Dunn is a member of the American Medical Association and Society of Internists. He and his wife, **Marjorie**, have five children.

1950

V. D. Mattia, president of Hoffman-La Roche, Inc., received the 'Distinguished American Award' of the Essex County Chapter of the National Football Foundation and Hall of Fame. He is presently chairman of the Rutgers Medical School Advisory Committee. In addition to being a Fellow of six medical colleges, he is an active member of the American Medical Association, American Medical Writer's Association, The Academy of Medicine of New Jersey, The New Jersey Medical Society and The Essex County Medical Society. He was named chairman of the National Alliance of Businessmen for the New York metropolitan area.

Thomas Halky is on the staff of the New Rochelle Hospital. He is a member of the American Medical Association, the New York State Medical Society, the Westchester County Medical Society and the American Heart Association.

1952

Margaret M. Kenrick is the 1967 recipient of the District of Columbia's

Robins Award. She is on the Board of Directors of the United Cerebral Palsy and the National Paraplegic Foundation Chapters in Washington.

1953

Joseph E. Davis is Assistant Professor of Urology at New York Medical College. In December 1968 he visited the **Institut Pasteur**, Paris. He is working on Immunologic Problems of the Male Reproductive System and is directing the new Male Reproductive Clinic at Metropolitan Hospital.

Irvin Klein is the new president of The Compensation Medicine Academy. He is a Fellow of the Industrial Medical Association, American College of Chest Physicians, American Cardiology and American Public Health Association. Dr. Klein has been an active member of the New York Heart Association, New York State Heart Assembly and American Heart Association and has served on the Board of Directors of the two latter organizations. He is also an Assistant Clinical Professor of Industrial Medicine at New York University School of Medicine.

1955

Irving Schrieber has left group practice. He has moved his office to Denville, N. J., has a partner and was elected F.A.C.S. in October 1968. His wife, **Toby** and their three children are all well. **Louis Goldberg**, M.D., New York Medical College '32, Toby's father died in May 1968.

John C. Wright was named president elect of the Connecticut Academy of General Practice. He is practicing general medicine in Manchester since 1957.

Martin L. Norton is Associate Professor and Program Director in the Department of Anesthesiology at Wayne State University in Detroit, Michigan. His program in Laryngoscopy, Therapeutic Bronchoscopy and Endobronchial Blocking Techniques is in its second year.

1956

James C. Wright, Jr., director of the Metabolic Unit at the Illinois State Pediatric Institute in Chicago, has been named director of a new Section on Pediatric Endocrinology at the School of Medicine of Indiana University, Indianapolis. Dr. Wright is a Diplomate of the American Board of Pediatrics and

the National Board of Medical Examiners and a member of the Medical Society for Pediatric Research. He and his wife, **Audrey** have five children.

1957

Elizabeth Engel Birge has discontinued general practice after 10 years and is now working regular hours at a local hospital. Elizabeth has a new baby boy born in Jan., 1968. That makes a total of three, all boys.

John F. Spring was elected president of the Broome County Medical Society for 1969.

1960

Frank C. Baldwin Jr. is practicing orthopedic surgery in Ithaca, New York. His two years of general surgery residency were at Bronx Veteran's Hospital and three years of orthopedic residency at New York Medical College. He also taught orthopedic surgery for two years at a medical school in Afghanistan. He has two children.

Stanley Ostern announces the arrival of a third daughter, **Penny Helene**, born October 7, 1968.

Roger L. Hinkson and family (three children) have moved to 70 Mason Dr., Manhasset, New York 11030. He is practicing OB-GYN at 9 Pierrepont Street, Brooklyn, N. Y.

1962

Stuart A. Seigal has associated with two other doctors in the practice of obstetrics and gynecology at the Medical Park in Wayne, N. J. and at an office in Butler, N. J. Stuart has two children.

Anthony F. Milano has opened an office in Natick, Mass. for the practice of Medicine and Surgery. He has authored several medical publications and has directed a movie entitled "Techniques in Open Heart Surgery." He and his wife, **Elizabeth**, have three children.

Albert M. Lefkovits has moved his office to 12 East 86th Street, New York City for the practice of dermatology. He co-authored the leading article in the October 31, 1968 issue of the New England Journal of Medicine on Im-

munofluorescent studies in Pemphigus and other Vesiculobullous Disorders. Additionally, he has co-authored a series of papers on Dietary Studies in Psoriasis.

Kenneth J. Davis has opened an office for the practice of Ophthalmology at Toms River, New Jersey. He will be on the staff of the Community Memorial Hospital. The Davises have one child.

1963

Richard L. Glazer and his wife have a new son, **Brian David**, born on December 26, 1968.

Stephen K. Carter has been appointed Chief of the Cancer Therapy Evaluation Branch of the National Cancer Institute. He, his wife and ten month old son, **Stephen Jr.** live in Rockville, Maryland.

Major Sanders T. Frank U.S.A.F., M.C. was presented with the 1968 Philip Hench Award. He has made outstanding contributions in the field of rheumatology and arthritis.

1964

Stephen A. Kasten is on the staff of Grasslands Hospital and a resident of Tarrytown and has opened an office for the practice of psychiatry at 300 South Broadway. He is presently assistant clinical director of the Adult Inpatient Service in Grasslands Psychiatric Division and is a member of the American Psychiatric Association and of county and state Medical Societies.

Beverly L. Richman has left Flower to continue in Hematology at Georgetown University Hospital in Washington, D.C. where she is a clinical Fellow in Hematology. "After spending so many years in N.Y.C., the change to 'small town' living is delightful."

John T. Freie is a second year resident in general surgery at the University Hospitals, University of Iowa, Iowa City. He and his wife, **Mary Jane**, have a son, **John Thomas, Jr.**, who was born July 25, 1968.

Stuart T. Sitzman and his wife have a new addition, **David Evan**, born on December 19, 1968.

Philip A. Passalacqua completed a three year residency in internal medicine at Mountinside Hospital, Montclair, N. J. He began private practice, July 1968, in Glen Ridge, N. J. Dr. Passalacqua and his wife have four children.

1965

James F. Dana has started a practice in general medicine, October 1968, in Stony Brook, Long Island.

Michael O. Blackstone is a resident of internal medicine at Harlem Hospital in New York City.

Yehuda Barsel is doing his residency in ENT at the Medical Center of the University of Indiana in Indianapolis. He has a daughter, three and a half and a son, one month old.

1966

John A. Dryfuss, Jr. will be Flight Surgeon at the Naval Air Station Meridan, Miss. for the next two years.

Thomas A. Bruce is in his second year of residency at the Medical College of Virginia. He and his wife have a daughter, **Allison Gayle**, born October 6, 1968.

Daniel L. Schweitzer is completing an elective program in Endocrinology at the New York Hospital, after which he will be Medical Resident in charge of the Coronary Care unit at the Brookdale Hospital Center. He also plans to begin a Fellowship in Cardiology at the Albert Einstein Medical College and the Bronx Municipal Hospital Complex.

Richard Lefleur has been nominated Chief Resident in Radiology at the Albert Einstein Medical Center, Bronx, New York. "He is also proud of his new Porsche, and is still unmarried."

Steven H. Horowitz is in Washington, D.C. with the Public Health Service until June 30, 1969. On July 1, 1969

he will start his residency in Neurology at Mt. Sinai Hospital in New York City.

1967

Don Doyle is presently a captain, stationed at Fort Rucker, Alabama and will be entering Aviation Medical School. He would like to hear from **Ron Rooney, Bob Cattani, Joe Fish, Arthur Freedman** and all 1967 graduates. Don's address is Lyster Army Hospital, Fort Rucker, Alabama 36360. He was recently married to **Patricia Bileska, R.N.**

Albert J. Bajohr, Jr. and his wife, **Patricia**, have an eight month old son, **Christopher Michael**. Albert is doing his residency at Lenox Hill Hospital in New York.

John Train's family has expanded to three with the birth of a son, **Oliver**

Daniel Train, born Oct. 29, 1968. John is in his first year residency at Mt. Sinai Hospital, New York.

1968

Michael Kevin O'Connor is presently on the staff at St. Vincent's Hospital. On October 5, 1968 he married **Barbara Katherine King**. They plan to reside in New York City.

Sheldon H. Steinbach has been appointed as first year resident in Anesthesiology at New York Hospital-Cornell University Medical Center and will enter the Air Force after completion of a three year residency.

Joseph Fay is doing his residency in orthopedic surgery at the Albany Medical Center Hospital. He has a son, **Joseph, Jr.** and a daughter.

FLOWER PROFILES *(continued from page 9)*

conclusions emerge naturally but firmly from the observations. To the age of the hearer, in which men had heard and heard only, had succeeded the age of the hand — the thinking, devising, planning hand; the hand as an instrument of the mind."

It would be most fitting to conclude our story of William Harvey, as did Willis in 1847:

*"So lived, so died one of the great men who God, in
virtue of his eternal laws, bids to appear on earth
from
time to time to enlighten, and to enoble mankind".*

[It is ironic that this last quotation so well fits the life
of "Chubby" Wershub.—EDITOR]

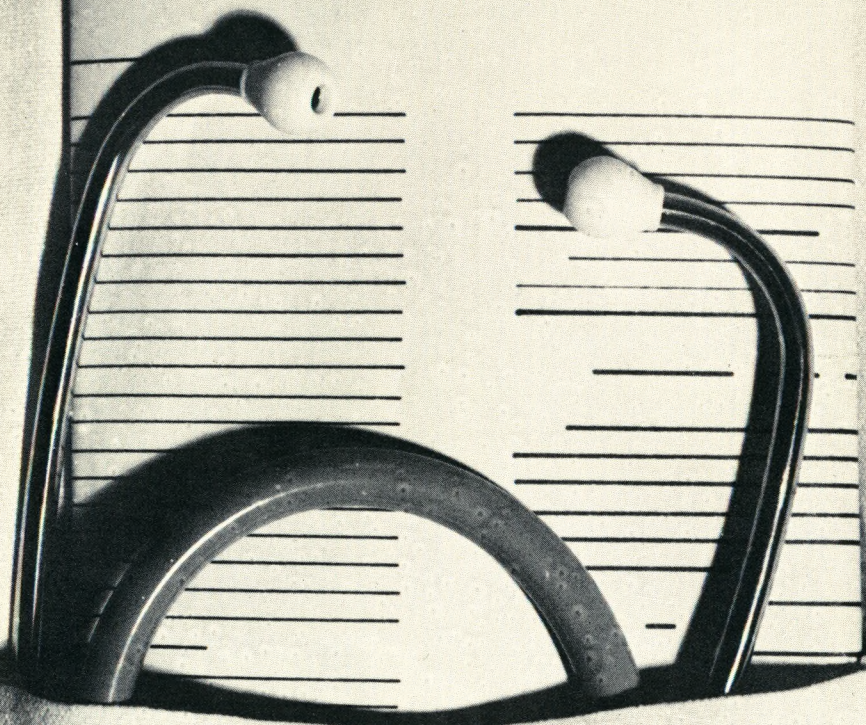


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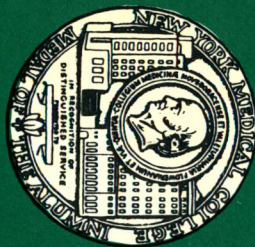
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